Tufts Medical Center

Traveler's Health Service, Traveler Questionnaire

1. Purpose of travel: _____

2. Please list in order the countries you intend to visit and how long you will stay in each.

Country	Cities	Arrival date	Length of stay	Type of accommodation

3. Have you been immunized against any of the following? If yes, please write the date received and description of your reaction, if any.

Vaccine	Yes	No	Date	Reaction	Had Disease/How/When Diagnosed
Polio					
Tetanus/diphtheria/Pertussis					
Measles/mumps/rubella					
Hepatitis A					
Hepatitis B* **					
Typhoid: oral/injection (circle one)					
Yellow Fever					
Japanese Encephalitis					
Rabies					
Meningitis					
Influenza					
Varicella					
Other:					

4. Do you have a history of allergies to the following: chickens, eggs, insect bites, sulfa drugs, other medications (such as neomycin)? If yes, please describe: _____
_____

5. Are you pregnant? _____ If yes, due Date _____ If no, last normal menses _____

6. Do you have any medical problems? If yes, please describe: _____
_____
_____
_____

7. Do you have any immune dysfunction (e.g. chemotherapy, steroids, HIV, etc)? If yes, please describe:
_____
_____

8. Do you have any history of depression, anxiety or other psychiatric disorders? _____

9. Please list any medications (prescription, over the counter, herbal meds, etc.) you are currently taking:
_____
_____
_____