



Occupational Health Clinic

Pre-travel Survey

Today's Date _____

Name: _____ SS# or VU ID # _____

Date of Birth: _____ Country of Birth _____

E-mail address _____ Phone _____

Trip Itinerary

Departure date: _____ Return date or length of stay: _____

List all countries that you will visit in the order of travel:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Have you previously traveled to this destination? Yes _____ No _____

Have you previously traveled to any developing country? Yes _____ No _____

History of Prior Vaccination

Td _____ or Tdap _____ MMR #1 _____ MMR#2 _____

Hepatitis B #1 _____ #2 _____ #3 _____

Hepatitis A #1 _____ #2 _____ Polio Booster _____

Typhoid Live oral _____ Typhoid IM vaccine _____

Rabies #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Menomune/ Menactra _____ Varicella #1 _____ #2 _____

Japanese Encephalitis _____ Yellow Fever _____

Influenza _____ Pneumonia _____

Other vaccines _____

Previous Malaria prophylaxis Yes _____ No _____

Medication reactions Yes _____ No _____

Health Assessment

Do you have any problems with –

- | | | |
|--|----------|---------|
| • Immunity or immune suppression | Yes_____ | No_____ |
| • Depression / Panic attack / Anxiety | Yes_____ | No_____ |
| • Psoriasis | Yes_____ | No_____ |
| • Seizures | Yes_____ | No_____ |
| • Thymus disease / thymus surgery | Yes_____ | No_____ |
| • Cardiac conduction defect (irregular heart beat) | Yes_____ | No_____ |
| • Heart disease | Yes_____ | No_____ |
| • Lung disease | Yes_____ | No_____ |
| • Musculoskeletal problems | Yes_____ | No_____ |
| • Gastrointestinal problems | Yes_____ | No_____ |
| • Diabetes | Yes_____ | No_____ |
| • Altitude problem – mountain sickness | Yes_____ | No_____ |

Describe all 'yes' responses_____

Women –

LMP_____ Risk of pregnancy? Yes____ No____ Pregnant_____ weeks

Trip Risk Assessment

Reason for travel – Lecture/presentation_____ Research_____ Interviews_____ Other_____

Solo traveler Yes____ No_____ Health care worker or volunteer Yes____ No_____

Will you be visiting friends or relatives? Yes_____ No_____

Lodging:

Urban - Hotel Class 5_____ Hotel Class #_____ Local apartment_____
Live with locals / private home_____

Rural - Remote location_____ Tents/ travel camper_____

Recreational activities:

Cruise _____ Safari _____ Trekking _____ Surfing _____ Diving _____
Rafting _____ Spelunking _____ Biking _____ Camping _____ Other _____
Contact with animals (dogs or farm animals)_____

Occupational exposures_____