Carolinas HealthCare System

ID Consultants and
Infusion Care Specialists

Traveler Questionnaire

Date: _____

Please fill out this form and bring it with you. Please also bring your immunization records. You may have to check with previous health care providers to get all of this information.

(PLEASE PRINT)

Name: _____ Date of birth: _____ Sex: M F

Address: _____ Social Security #: _____

Home Phone (____) ____ - _____ Emergency Contact: _____

Please list below any diseases and vaccinations you have had, with dates, if possible.

Disease name	Had disease-list date if possible	Had vaccines-list dates
Measles (rubeola)		
Mumps		
Rubella (German measles)		
Chicken Pox (varicella)		

1. Have you received at least 3 doses of tetanus/diphtheria (td) vaccine in the past? (This includes DPT doses received as child.) **(Circle one) Yes / No**
2. When was your last tetanus/diphtheria shot given? _____
3. Have you received at least 3 doses of polio vaccine, including childhood doses? **(Circle one) Yes / No**
4. Have you ever had an adult polio vaccine? _____
5. Have you ever had Hepatitis A series (#1 and #2)? _____
6. Have you ever had Hepatitis B series (#1, #2 and #3)? _____
7. Are you immune compromised? _____
8. Have you received other vaccines? _____
9. Have you traveled previously? _____

Do you have a history of any of the following?
It is vital that we have this information before administering any vaccines.

Thymus disorder or dysfunction ..... yes / no
Myasthenia Gravis ..... yes / no
Thymoma or Thymectomy ..... yes / no
DiGeorge Syndrome ..... yes / no
If yes to any of the above, please explain:

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Health History

Date: _____

This history form provides ID Consultants with information to meet all of your travel needs. *This information is confidential.*

Name: _____
Last First MI

MEDICATIONS: Please list all medications you are currently taking (include dosage)

Medication	Dosage	Medication	Dosage
PHARMACY NAME:			
PHONE NUMBER:			

ALLERGIES: ☐ Yes ☐ No If YES, please list all allergies (foods, medications, environment)

_____

_____

TRAVEL PLANS:

Departure Date: _____

City and Country: _____

Length of Trip: _____

Dwelling Type (Hotel, Local Dwelling, Camp): _____

Reason for Trip (Pleasure, Mission, Work): _____

Flight Itinerary (Which Countries): _____