

College of William and Mary
Student Health Center

TRAVEL QUESTIONNAIRE

Please complete and bring this form with you to your travel appointment. Please note that completion of this form requires you to visit 2 websites and check that you have reviewed specific information for your area of travel (see below in red for further details).

Name _____ Social Security # OR Student ID # _____
Phone _____ Date of Birth _____

www.cdc.gov/travel and www.travel.state.gov

Please review the following travel topics at the above websites BEFORE your travel appointment.

food, water, and diarrhea management, malaria /insects, blood/body fluid risks, prevention of accidents, high altitude safety, insurance, first aid kits, sun and heat precautions, jet lag

Arrival Date Country (list in order) City or Region Length of Stay

Return Date: _____ Reason for Trip: _____
Contact with birds? Yes/No Rural areas? Yes/No
High Altitude? Yes/No Work with Animals? Yes/No
List allergies to medications, vaccines, foods, insects: _____
List ALL medications you take _____

Medical History (please answer each question yes/no)

Chronic conditions (please list) _____
Positive Tb skin test Yes/No
Heart Problems Yes/No
Asthma Yes/No
Cancer Yes/No
Pregnant/breastfeeding? Yes/No
Splenectomy? Yes/No
Diabetes? Yes/No
Immune deficiency/HIV? Yes/No
Psychosis, anxiety disorder, depression needing medication? Yes/No

If I have a chronic medical condition including any listed above, I will check with my physician about care of my condition while traveling. In addition, I have visited both www.cdc.gov/travel and www.travel.state.gov and have reviewed the above requested topics prior to my travel appointment.

Signature _____ Date _____

For Student Health Center Staff Only:

Name _____ Social Security/ID Number _____

Blood Pressure _____ Date _____

Medications Prescribed (√ = Suggested/Prescribed D = Declined)

- _____ Cipro 500 mg BID for 3 days if needed for diarrhea # _____
- _____ Chloroquine 500 mg weekly from 1 week before through 4 weeks after in malarious area # _____
- _____ Mefloquine 250 mg weekly from 1 week before through 4 weeks after in malarious area # _____
- _____ Atovaquone 250 mg/proguanil 100mg 1 daily 2 days before through 7 days in malarious area # _____
- _____ Doxycycline 100 mg po daily 2 days before through 4 weeks after in malarious area # _____
- _____ Z-pack for diarrhea # _____
- _____ Azetazolamide 250 mg tablets ½ to 1 tab po twice daily from 1 day before ascent, for 2-4 days as needed for prevention/treatment of acute altitude sickness # _____
- _____ Other _____

Immunizations Suggested (please see immunization record for nursing documentation of all immunizations given and patient consent)

- _____ Tetanus (Td or Tdap)
- _____ Measles, Mumps, Rubella (MMR)
- _____ PPD (tb screening test)
- _____ Hepatitis A vaccine
- _____ Hepatitis B vaccine
- _____ Twinrix (Hep A & B vaccine)
- _____ Meningococcal vaccine
- _____ Japanese Encephalitis vaccine
- _____ Inactivated Poliovirus vaccine
- _____ Typhoid Vi vaccine (injectable)
- _____ Flu vaccine
- _____ Rabies vaccine (pre-exposure)
- _____ Yellow Fever vaccine
- _____ Pneumococcal vaccine
- _____ Varicella vaccine
- _____ Typhoid Oral vaccine (refrigerate)-1 cap every other day x 4 doses

Nurse Signature _____ Provider Signature _____ MD