

Family Travel Vaccine Planner

Your Name _____

Emergency Contact - someone who will know how to contact you while you are gone or someone you may be in contact with when you are traveling.

Name: _____
Address: _____
City, State, Zip _____
Phone: _____
Email: _____

Your email address: _____

How much access will you have to your email while traveling?

none intermittent frequent

Travel Itinerary

List all the countries on your itinerary in the order you will be visiting:

Country	Date arriving in country	Date leaving the country
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use back of form for more countries

Visiting areas outside major cities? Yes No

Reason for Travel:

- MSU Business
- Vacation
- Other-please explain

Accommodations:

- Host family
- Camp
- Hotel
- Other-please explain

List family members traveling and complete following page for EACH family member

Name	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Family member _____

Travel History

Has this person traveled in the past? Yes No

If yes, what countries?

Year	Countries

Did they encounter any difficulties?

- Traveler's Diarrhea
- Altitude Sickness
- Jet Lag
- Air Sickness
- Malaria Other, please explain.

Health History:

History of: Immune Disorders Yes No
Hepatitis Disease A Yes No
B Yes No
C Yes No

Chronic illnesses or major surgeries, for example, diabetes, seizure disorder, high blood pressure, splenectomy, bleeding disorders, coronary bypass, stomach surgery etc.

Yes No

If yes, list.

Have they ever had a TB test? Yes No If yes, when? _____

Was there a reaction? Yes No If yes, how large? _____ mm.

Allergies to:

Thimerosal Yes No
Insects Yes No
Neomycin Yes No
Yeast Yes No
Eggs Yes No

Females only:

First day of last menstrual period

Are you pregnant now?

Yes No NA

Other Allergies to Food and Drugs

Current Medications, including over the counter medications

Attach immunization record and bring to travel appointment.