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

Travel History

Have you traveled in the past? ☐ Yes ☐ No
If yes, what countries?

Year	Countries

Did you encounter any difficulties?
- ☐ Traveler's Diarrhea
- ☐ Altitude Sickness
- ☐ Jet Lag
- ☐ Air Sickness
- ☐ Malaria
- ☐ Dengue
- ☐ Other, please explain.

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

Visiting areas outside major cities? ☐ Yes ☐ No

Reason for Travel:
- ☐ Study Abroad
- ☐ MSU Business
- ☐ Vacation
- ☐ Other-please explain

Accommodations:
- ☐ Host family
- ☐ Camp
- ☐ Hotel
- ☐ 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 in the space provided below.

Have you 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

☐ None

If Yes, list.

Current Medications, including over the counter medications.

☐ None

If Yes, list.

It is the responsibility of the traveler to bring his/her childhood and adult immunization records to the travel visit.

Updated: 11/19/2015