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:

<table>
<thead>
<tr>
<th>Country</th>
<th>Date arriving in country</th>
<th>Date leaving the country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td></td>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of Family member___________________________

**Travel History**

Has this person traveled in the past?  __Yes  __No  
If yes, what countries?

<table>
<thead>
<tr>
<th>Year</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.