

**Carolina Travel Care &  
Vaccination Center**  
International Travel Health History / Consent

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ( ) M ( ) F Weight if < 100 lbs \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred By: ( ) Physician \_\_\_\_\_ ( ) Website \_\_\_\_\_

( ) Health Dept. ( ) Friend ( ) Other \_\_\_\_\_

**Previous International Travel**

1. Country/year	4. Country/year
2. Country/year	5. Country/year
3. Country/year	6. Country/year

**Itinerary**

**List countries in order of visit and indicate “U” if visiting urban areas or “R” if visiting rural areas, or “B” for both. Please be as specific as you can regarding areas of travel and depth of interaction with local inhabitants and food / water sources.**

Country – give specific region /area	Arrival Date	Duration of stay	Rural / Urban	Consuming local food / water? If yes, describe.

**Purpose(s) of travel (check all that apply):**

Business    Vacation    Study / Field work    Missionary work    Other: \_\_\_\_\_  
Medical mission? Y / N

**Accommodations:**

Hotel    Private Home    Camping    Youth hostel    Mission compound  
Describe: \_\_\_\_\_

**Prior Immunization History**

**Please bring any records of prior immunizations received in the past, including childhood vaccines if available. If you have an International Certificate of Vaccination (yellow card) from prior travel, please bring it with you.**  
**\*Document date of most recent immunization for the vaccines listed below.**  
**(For those that require a multi-dose series, please notify us if you did complete the full series of injections.)**

<u>Vaccine</u>	<u>Date*</u>	<u>Vaccine</u>	<u>Date*</u>
Tetanus/diphtheria (Td)		Yellow Fever	
Tetanus/diphtheria/acellular pertussis (Tdap)		Measles/mumps/rubella (MMR) - [2 shots]	
Hepatitis A - [2 shots]		Varicella (chicken pox) – [2 shots]	
Hepatitis B - [3 shots]		Influenza (Flu)	
Hepatitis A+B – [3-4 shots]		Polio – [ 3-4 shots]	
Typhoid (injection – TyphimVi)		Rabies – [3-5 shots]	
Typhoid (oral – 4 doses)		Japanese Encephalitis – [4 shots]	
Meningococcal conjugate (Menactra)		Pneumococcal polysaccharide (Pneumovax)	
Meningococcal polysaccharide (Menomune)		Pneumococcal conjugate (Prevnar)	

Have you had an adverse reaction to any of the above? (circle)                      Yes      No  
If yes, describe vaccine and reaction: \_\_\_\_\_

Are you allergic to:      Eggs?    Yes    No      Bee stings?    Yes    No      Thimerisol?    Yes    No

List any other allergies (including medications, foods, latex etc.): \_\_\_\_\_

**Medical History & Medications**

Do you have any history of the following?

High blood pressure?	Yes	No	Heart problems / irregular heart rhythm?	Yes	No
Seizures / epilepsy?	Yes	No	Depression / psychiatric disorder?	Yes	No
Diabetes?	Yes	No	Tuberculosis or + TB skin test?	Yes	No
Hepatitis?	Yes	No	Bleeding disorder or blood thinners?	Yes	No

Do you have any problems with your immune system? (eg. HIV, Leukemia/lymphoma, spleen removed, on chemotherapy or radiation treatments for cancer, on prednisone/steroids, organ transplant)  
Yes      No

Do you live with anyone who has a weakened immune system?                      Yes      No

List any other medical conditions you have: \_\_\_\_\_

**For women only:**                      Are you pregnant or planning to become pregnant in the next three months?                      Yes      No

List all medications you currently take. (include birth control, inhalers and any over-the-counter medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is accurate to the best of my knowledge. I understand that insurance may not cover travel immunization services and I am responsible for all fees associated with the visit. Carolina Travel Care is not a Medicare provider and does no insurance billing or filing of claims. Payment is due at the time of service by cash, check or credit card.

**Traveler /parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_