

**Main Line Spine**  
**International Travel Medicine**

**Andrew A. Badulak, DO, Medical Director**

Patient Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Age: \_\_\_\_\_

Thank you for choosing Main Line Spine for your travel needs. In order to provide travel immunizations, as safely as possible and to provide you with appropriate travel information, we need to know the following about your health status and your travel plans. Please bring these sheets with you to your appointment.

1. Please list any medical problems or conditions:

2. Are you currently under the care of a physician for any medical condition?      Yes      No

3. Do you feel ill today?      Yes      No

For instance, do you have fever, cough, diarrhea or vomiting? If yes, please specify.

\_\_\_\_\_

4. Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please list any allergies you have to medication, food or environmental allergens.

\_\_\_\_\_

Allergic Reactions:

- Are you allergic to eggs?
- Are you allergic to Thimerosal?
- Are you allergic to 2-phenoxy ethanol?
- Are you allergic to mouse protein?
- Are you allergic to Neomycin?
- Are you allergic to Streptomycin?
- Are you allergic to Polymyxin?
- Are you allergic to gelatin?
- Have you ever had Guillan-Barre Syndrome?
- Have you ever had hives or wheezing after a wasp / bee sting or after taking a medication?

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

6. Females: Please list the date of your last menstrual period. \_\_\_\_\_

Are you pregnant? Yes No

Are you breastfeeding? Yes No

7. Have you traveled out of the country in the past? Yes No

If so, when and to what countries? \_\_\_\_\_

8. After this trip, do you plan on international travel in the future? If so, when and to what countries?

\_\_\_\_\_  
\_\_\_\_\_

9. For your current travel, please list the countries you will be visiting, in the sequence they will be visited and the length of stay in each country:

**Country/Cities**

**Length of Stay**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

10. What is your departure date? \_\_\_\_\_ Return? \_\_\_\_\_

11. **Living Area** (include approximate length of stay in each area).

( ) Urban \_\_\_\_\_ ( ) Rural \_\_\_\_\_ ( ) Underdeveloped \_\_\_\_\_

12. **Living Styles:** ( ) Camping ( ) Hotel ( ) Private Home ( ) Hiking/Trekking ( ) Working

(List type of work): \_\_\_\_\_

13. **Immunization History** (If available list, list year of vaccination or illness):

Booster \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Measles \_\_\_\_\_ Meningococcal vaccine \_\_\_\_\_

MMR vaccine \_\_\_\_\_ Mumps \_\_\_\_\_ Polio Series \_\_\_\_\_ Rubella \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Typhoid vaccine \_\_\_\_\_ Yellow Fever \_\_\_\_\_ Other vaccines \_\_\_\_\_

**Patient**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_