MILLENNIUM
PHYSICIAN GROUP

Traveler's Clinic

Name:	Date: Appointment Date:
Itinerary:	
Departure Date: Duration:	☐ Self ☐ Tour ☐ Cruise ☐ Business
Vaccinations Requested:	Other Needs: ☐ Malaria ☐ Meds ☐ Travel Diarrhea Meds ☐ Sleeping Pills ☐ Other
List Medication Allergies:	List Current Medicaitons:
List Medical Conditions:	Notes:
Do you take steroids, prednisone, cortisone? ☐ Yes ☐ No	MMR, OPT, Oral Typhoid, Rabies, Yellow Fever, Zostavax
Do you or family member have AIDS, leukemia, cancer? ☐ Yes ☐ No	JE, Measles, MMR, OPV, Oral Typhoid, Rabies, Yellow Fewer
Have you had an organ transplant ☐ Yes ☐ No	JE, Measles, MMR, OPV, Oral Typhoid, Rabies, Yellow Fewer
Are you allergic to eggs? ☐ Yes ☐ No	Influenza, Measles, MMR, Yellow Fever
Are you allergic to mercury or thimersol? ☐ Yes ☐ No	DTP DT, Td, JE, HepB, IG, Influenza, Meng, Rabies
Are you allergic to gentamycin, neomycin, polymyxin B, streptomycin, sulfites? ☐ Yes ☐ No	Influenza (Flu-Imune), IPV, Measles, MMR, Rabies, Zostavax
Are you allergic to yeast? ☐ Yes ☐ No	HepB, Influenza
Are you allergic to bee stings? ☐ Yes ☐ No	JE
Have you had prior reaction to vaccination? ☐ Yes ☐ No	DTP, Td, Typhoid (Inj.)
Have you had fever in the past 48 hours? ☐ Yes ☐ No	Cholera, DTP, Td, Influenza, Meng, Pneum, Oral Typhoid
Do you have heart, liver or kidney disease? ☐ Yes ☐ No	JE
Do you have anemia, bleeding disorders, low platelets? ☐ Yes ☐ No	IM, Inj.
Do you have any stomach or bowel problems? ☐ Yes ☐ No	OPV, Oral Typhoid, Traveler's Diarrhea
Are you pregnant or plan to be on this trip? ☐ Yes ☐ No	Most immune, Except Td (2-3 trim), IG HebB
Are you taking heart meds (betablockers, quinidine)? ☐ Yes ☐ No	Mefloquine
Are you taking antibiotics? ☐ Yes ☐ No	Oral Typhoid
Are you pregnant? ☐ Yes ☐ No	