



Traveler's Name \_\_\_\_\_ Ph. # \_\_\_\_\_ PCP \_\_\_\_\_

DOB: \_\_\_\_\_

### QUESTIONS FOR PERSONS PREPARING FOR FOREIGN TRAVEL

1. When are you traveling, and how long will you be at each location? \_\_\_\_\_
2. Where are you traveling? \_\_\_\_\_
3. In what countries will you be traveling? \_\_\_\_\_
4. Where within the country or countries will you be traveling? \_\_\_\_\_
5. Are these destinations urban, rural or both? Urban Rural Both (circle one)
6. What are the conditions of your lodging (such as hotel with air conditioning, screened cabin, or open-air tents)? \_\_\_\_\_
7. What activities will you be doing while traveling (such as hiking, backpacking, scuba diving, sightseeing, etc.)? \_\_\_\_\_  
\_\_\_\_\_
8. Have you traveled internationally in the past? Yes No (circle one)
9. Where did you go? \_\_\_\_\_
10. When did you travel and old were you? \_\_\_\_\_
11. Did you have Chicken pox disease as a child? Yes/no. Measles? Yes/no. Mumps? Yes/no. Rubella? Yes/no. I had Varicella vaccine, 2 dose series? Yes/no. I had MMR vaccine, 2 dose series? Yes/no
12. What vaccinations and how many doses have you had previously? \_\_\_\_\_  
\_\_\_\_\_  
Example: Hepatitis A-2 doses, Hepatitis B-3 doses, MMR 2 doses etc. Several vaccines are completed in a series to provide lifelong immunity.
13. Did you have any allergies or reactions to any previous vaccines? Yes / No (circle one)  
If yes, please explain: \_\_\_\_\_

PLEASE SEE REVERSE SIDE

14. Do you have any other allergies (for example, medications, foods, or environmental, particularly eggs, latex, yeast, mercury or thimerosal)?  
Yes No (circle one) If yes, please list \_\_\_\_\_

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15. What is your medical history and current health status (For example: past illnesses and surgeries, chronic health problems, or other underlying medical conditions)? \_\_\_\_\_

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16. What medications are you currently taking or have you taken in the past 3 months?

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17. Are you immune deficient? Yes No (circle one)

18. If you are a female:

- Last menstrual cycle(start date)\_\_\_\_\_
- Are you pregnant now? Yes No (circle one)
- Are you trying to become pregnant, or will you try to become pregnant in the next 3 months? Yes No (circle one)
- Are you breasting feeding? Yes No (circle one)

Even with travel advice, vaccines, and medication protection, a person is not 100% protected against all diseases, and no preventive measures are 100% effective. There are many diseases for which there are not preventive vaccines or medications. Therefore, a wise traveler will remember that safe food and water precautions and good hand hygiene, along with measures against insect and mosquito bites, are important ways of preventing many common travel illnesses. Many resources can be found at the CDC Travelers' Health website can help inform travelers of ways to prevent illness and protect against injury.

Please return this completed form to: Marie Hergert LPN  
Immunization Coordinator  
Saltzer Health Clinic Nampa  
215 E. Hawaii Ave.  
Nampa, ID 83686

**\*\*BRING ALL IMMUNIZATION RECORDS OR DOCUMENTS TO YOUR APPOINTMENT\*\***

You will be called and scheduled for an appointment with the Foreign Travel Department. If you have any questions concerning this form please contact: Marie Hergert at (208) 463-3170.

Update: 07/29/202