Hunterdon Health

Hunterdon Infectious Disease Specialists
Travel Medicine Visit Information
121 Route 31S – Suite 300
Flemington, NJ 08822
Phone (908)788-6474 Fax (908)788-6616

Please complete this Travel Medicine Visit Information form and bring a copy of your planned itinerary, (i.e. flights, destinations, lodgings), and vaccination history to your visit.

Personal Information

Regarding this visit			
Name and Date of Birth:			
I need advice about malaria protection and prophylaxis	☐ Yes	☐ No	☐ Not sure
I need advice about traveler's diarrhea	☐ Yes	☐ No	☐ Not sure
I need an International Certificate of Vaccination	☐ Yes	☐ No	☐ Not sure
If immunization(s) requested, please specify:			

About Your Trip

Specifics of your travel plans			
Cities and Countries to be visited:			
Trip Purpose:	☐ Business ☐ Diving/Deep Sea ☐ Altitude/Climbing ☐ Other:	☐ Vacation ☐ Adoption ☐ Visiting Friends or Relatives	☐ Volunteering/Study Abroad/School ☐ Church/Mission
Accommodations:	☐ Hotel/Resort ☐ Camp/Tents ☐ Other:	☐ Safari ☐ Hostel	☐ Private Home/Residence ☐ Apartment/College-type Dorm
Type of Travel:	☐ Urban ☐ Guided tour ☐ Other:	☐ Rural ☐ Independent travel and itinerary	☐ Multiple Destinations
Date of Departure:			
Date of Arrival at Destination:			
Number of Days at Destination:			
Date Leaving Your Destination:			
Travel in Malarious Area?	☐ Yes	☐ No	☐ Not sure

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Screening Questions for Immunization

Please explain any "yes" answers at the bottom of this section			
Are you sick today?	☐ Yes	☐ No	☐ Not sure
Do you have an allergy to medication, a vaccine component or latex?	☐ Yes	☐ No	☐ Not sure
Have you ever had a serious reaction after receiving any vaccine?	☐ Yes	☐ No	☐ Not sure
Do you have cancer, AIDS, or any other immune system problem?	☐ Yes	☐ No	☐ Not sure
Do you take prednisone, anticancer drugs or any medication that would lower your immunity?	☐ Yes	☐ No	☐ Not sure
Do you have a seizure disorder or other nervous system problem?	☐ Yes	☐ No	☐ Not sure
Are you pregnant or is there a chance you could become pregnant before or during your trip?	☐ Yes	☐ No	☐ Not sure
Have you received any vaccines in the past 4 weeks?	☐ Yes	☐ No	☐ Not sure
Please explain any "yes" answers above			

Signature

Please sign and date	
Signature	Date