



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Telefax: (203) 221-7199

**TRAVEL CLINIC WORKSHEET:
REPEAT VISIT**

Patient: Please fill out the following form as directed. Plan ahead 6 - 8 weeks.

Please PRINT.

Legal Name: _____ Date of Birth: _____ Departure: _____

Address: _____ Town: _____ ZIP _____ E-mail: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Male Female

Physician: _____

Address: _____ Town: _____ ZIP _____ Phone: (_____) _____

Itinerary In Order of Travel:

| No. | City & Country | Length of Stay | Planned Activities |
|-----|----------------|----------------|--------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

For more extensive travel, attach additional itinerary.

Medical History

1. Are you pregnant? Yes No Nursing? Yes No

2. Any additional vaccines since last visit? Yes No *If Yes, please list:* _____

3. Any changes in your medical history? Yes No *If Yes, please list:* _____

4. List all medications taken in the past 90 days or being taken currently (includes over the counter):

I acknowledge that the above information is correct and complete.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Practitioner Orders

Per Standing Orders

Per PCP Referral

INACTIVATED OR SUBUNIT/COMPONENT VACCINES

| Vaccine | Initial Series | Booster | Precautions | Vaccine | Initial Series | Booster | Precautions |
|--------------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|------------------------------|---|------------------------------|
| <input type="checkbox"/> Hep A | 0, 6-12 mos | ND | <12 mos of age Alum,phenoxyethanol | <input type="checkbox"/> Menactra | 9 mos – 55 yrs | ND | HX GBS |
| <input type="checkbox"/> Hep A/B | 0, 1, 6 mos | ND | Yeast allergy/>18yr Neomycin,Thimerosal | <input type="checkbox"/> Menveo | 2 mos-55 Yrs. | ND | |
| <input type="checkbox"/> Hep B | 0,1,2,12 mos 0, 1, 6 mos | Antibodie s <10 IU/ml | Yeast allergy, Thimerosal | <input type="checkbox"/> Meningitis B | 0, 1 mos or 0,1,6 mos | 10yr - 25 yr. | pregnancy |
| <input type="checkbox"/> Influenza | Single dose | 1 yr | Severe egg allergy | <input type="checkbox"/> PPSV | Single dose | | >2yr |
| <input type="checkbox"/> IPV | 2,4,6-18 mos. +4-6 yrs. | 10 yrs. | Neomy,Streptomycin Polymyxin B | <input type="checkbox"/> PVC13 | 2,4,6 mos >19 yr x1 | 12-15mos. | Premature Infants (apnea) |
| <input type="checkbox"/> JE – IXIARO | 0,28 days | >1 yr. (if at risk of exposure) | <2 mos/preg. | <input type="checkbox"/> Rabies | dose 0,7,21,or 28 days | Check antibodies every 2 yrs. for high risk | IM deltoid neomycin. |
| <input type="checkbox"/> Tdap | Single dose | Each Pregnancy | >11yrs. Formaldehyde, phenoxy | <input type="checkbox"/> ShingRix | Single ND dose | / ≥50 yrs. Consider separating shingles/pneumonia b 4 wks. | |
| <input type="checkbox"/> Td | Single dose | 10 yrs. | >7 yrs. of age Thimerosal | <input type="checkbox"/> Tdap | Single dose | Can be admin. Regardless of interval since last Td. | |
| <input type="checkbox"/> Typhoid | Single dose | 2 yrs. | Pregnancy/>2yrs Phenol. | <input type="checkbox"/> Td | Single dose | 10 yrs. | |
| <input type="checkbox"/> DTap | 2,4,6 mos. | 15-18 mos | <7yrs.Neuro- logical conditions | <input type="checkbox"/> Typhoid | Single dose | 2 yrs. | |

ND: Not Determined

LIVE VACCINES (Give same day or 1 month apart)

| Vaccine | Initial Series | Booster | Precautions | Vaccine | Initial Series | Booster | Precautions |
|---------------------------------------|-----------------------------------|----------|---|---------------------------------------|--------------------------|---------|---|
| <input type="checkbox"/> Cholera | 1 Packet (100ml Reconstituted) | ND | 18yr-64yrs. Avoid food & drink 1 hr.before&1 hr. after ingestion. | <input type="checkbox"/> Oral Typhoid | Every other day x4 | 5 yrs | Preg/HIV/>6 yrs of age. Stomach disorder. Delay 24 hrs. after antibiotics or Mefloquine . Gelatin, yeast. |
| <input type="checkbox"/> Yellow Fever | single dose | Lifetime | Preg/HIV/Egg/gelatin, Thymus disorder <9 mos of age/>60 yr. | <input type="checkbox"/> Varicella | 12-15 mos. | 4-6 yrs | Gelatin/Neomy/HIV, Active TB,preg. Immune suppression |
| <input type="checkbox"/> MMR | 12-15mos. 4-6 years. | ND | Preg/Neomy HIV/breast feeding, gelatin. | | | | |
| <input type="checkbox"/> PPD | Date: _____ | Result | : | | | | |

- PROPHYLAXIS: Specific type Instructions given: Yes No
- Diarrhea: Cipro 500 mg BID #2 as directed for diarrhea/dysentery
 - Malaria: Chloroquine Phosphate (1)*
 - Doxycycline (2)
 - Malarone (3)
Adult Rx: Atovaquone 250 mg; Proquanil 100 mg.
Pediatric Rx: Atovaquone 62.5 mg; Proquanil 25 mg.
 - Diamox as directed for high altitude.(4)
 - Rifaximin(5)
 - Azithromycin (6)
- *May exacerbate psoriasis

- (1) Adult Dose: 500mg weekly start 1 wk before and continue 4 wks after. (Pedi dose 8.3 mg/Kg) travel.
- (2) Adult Dose: 100 mg daily, start day of departure, continue 4 wks after travel.
- (3) Adult Dose: (1) dose daily, starting 1-2 days before exposure and continuing for one week after travel. Pedi Dose as directed.
- (4) 125mg po BID start evening before reaching 12,000 ft.
- (5) 200 TID x 3 days >12 yrs.
- (6) As directed for T.D.

Signature: _____

NURSE: _____

PHYSICIAN: _____

DATE : _____

