



### Cuyahoga County Board of Health Travel Clinic Intake Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Pregnant: yes  no  Breast-feeding: yes  no

Travel Destination \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_ Previous travel out of the country: yes \_\_\_\_\_ no \_\_\_\_\_

Where are you staying: Community center & possible homestay Cities  Rural Areas  travel to both

Where will you eat your meals? Combination of self/group prepared meals in-house and

What are your planned activities? eating out at local restaurants

Possible activities include but are not limited to: visiting a school, interacting with children, visiting a hospital & interacting with patients, visiting markets

#### Summary of your immunization history:

DTaP/Td series complete: Yes / No Date of most recent booster: \_\_\_\_\_

Polio series completed: Yes / No Date of adult booster: \_\_\_\_\_

#### MMR/Varicella disease history or vaccination:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Varicella \_\_\_\_\_

MMR #1 \_\_\_\_\_ MMR #2 \_\_\_\_\_

HIB dates: \_\_\_\_\_

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_ Immune Globulin: \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Rabies #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Booster \_\_\_\_\_

J. Encephalitis #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Influenza \_\_\_\_\_

Typhoid: \_\_\_\_\_ Injection / oral Pneumococcal \_\_\_\_\_

Yellow Fever \_\_\_\_\_ Meningococcal \_\_\_\_\_ Cholera \_\_\_\_\_

Rx Taken in the past for Malaria: \_\_\_\_\_

Side effects: \_\_\_\_\_

**Please answer yes or no:**

	YES	NO
Have you ever had a severe allergic reaction to any vaccines, medications, or foods?	_____	_____
Do you have an allergy to Eggs, Thimerisol, Sulfa, Neomycin, Streptomycin, or Bee Stings	_____	_____
Have you ever had a convulsion or seizure?	_____	_____
Do you or any family members have an immune system problem?	_____	_____
Have you received any blood products in the last year?	_____	_____
Are you currently pregnant or at risk for becoming pregnant in the next 3 months?	_____	_____
Are you currently taking any medications?	_____	_____
Are you sick today or do you have any health concerns?	_____	_____
Did you have any problems with your last shots?	_____	_____

**Please list all medications that you are currently taking:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have received a copy and have read or had read to me the information contained in the appropriate Vaccine Information Statement about the disease(s) and vaccine(s) recommended to me. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccines(s) indicated on this record be given to me or the person named above for whom I am authorized to make this request

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This record may be entered into the state immunization registry database and released to others as necessary, such as you, private providers, insurance companies, or other health departments.

**Declination:**

I have chosen to defer the following vaccines recommended/required by the Centers for Disease Control Prevention and reviewed by the Cuyahoga County Board of Health and participating physician(s)

**Vaccines Declined:** \_\_\_\_\_

_____	_____
_____	_____

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

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

**Prescriptions:**

Chloroquine # Pills \_\_\_\_\_ Mefloquine # Pills \_\_\_\_\_ Malarone # Pills \_\_\_\_\_

Doxycycline # Pills \_\_\_\_\_ Cipro # Pills \_\_\_\_\_ Other: \_\_\_\_\_

Rx called to: \_\_\_\_\_

**Immunizations needed after this trip:**

TB - 3 or more months after return: Yes / No Other Vaccine series to complete: \_\_\_\_\_

MD. Signature \_\_\_\_\_