Appt. Date:____/____/____ Appt. Time:___:___AM/PM

Walgreens healthcare clinic

PRE-TRAVEL QUESTIONNAIRE FORM

(Please Print Clearly)

This form is to be completed to obtain patient, vaccine and destination-specific information for the Travel Health Consultation.

SECTION A — TRAVELER INFORMATION

First Name:_____ Last Name:_____

Date of Birth:____/____/____ Age:_____ Gender: ☐ M ☐ F Email:_____

Home Address:_____Primary Phone: (____)_____

City:_____ State:_____ ZIP Code:_____

Doctor/Primary Care Provider:_____ Provider Phone: (____)_____

Provider Address:_____ City:_____ State:_____ ZIP Code:_____

Provider Email:_____ ☐ **I do not have a doctor/primary care provider.**

SECTION B — MEDICAL HISTORY

Allergies and Health Conditions

List all chronic health problems, illnesses or allergies: (e.g. heart disease, high blood pressure, diabetes, etc.)

_____

_____

Medications

List all current medications you are taking: (prescription, over-the-counter, herbals and vitamins)

_____

_____

Women only: Are you pregnant, trying to become pregnant or nursing? ☐ Yes ☐ No

SECTION C — IMMUNIZATION HISTORY: Which immunizations have you had in the past?

Vaccines	**Yes/No**	**Date** (If known)	**Vaccines**	**Yes/No**	**Date** (If known)
Influenza (Flu)			Typhoid (Oral or Injectable)		
Tetanus/Diphtheria/Pertussis			Meningococcal		
Measles/Mumps/Rubella			Hepatitis A		
Pneumonia			Hepatitis B		
Varicella (Chicken Pox)			Polio		
Japanese Encephalitis			HPV		
Rabies			Shingles		
Yellow Fever			Other:		

SECTION D — TRAVEL ITINERARY: Where are you going?

Departure Date:_____/_____/_____ Return Date:_____/_____/_____

Countries To Be Visited (In Order)	City or Region	Length of Stay (Days)
1.		
2.		
3.		

Accommodations: ☐ Hotel/Hostel ☐ Private Home ☐ Cruise ☐ Camping ☐ Other_____

Do you plan to visit rural areas (areas with animal/insect/mosquito-borne disease risk)? ☐ Yes ☐ No

Do you plan to travel or to climb to high altitudes (more than 4,000 feet)? ☐ Yes ☐ No

Do you plan to go swimming? ☐ Yes ☐ No *If yes, where?* ☐ Chlorinated Pool ☐ Fresh Water Lake or Stream ☐ Ocean

Do you suffer from motion sickness? ☐ Yes ☐ No Do you anticipate getting motion sickness on this trip? ☐ Yes ☐ No

List any additional information on travel-related topics you would like to discuss:_____

_____

_____

_____

Do you need a passport picture? ☐ Yes ☐ No

SECTION E — PATIENT CONSENT

I acknowledge that I am the (1) above Traveler and an adult or (2) parent or legal guardian of the above minor Traveler and have requested a Travel Consultation ("Travel Consult") for the Traveler from Walgreens, which is intended to provide general information relevant to the above travel plans to the identified country(ies). I understand and agree that:

- The Travel Consult (i) may not provide an exhaustive list of all risks associated with, or conditions to, the above travel plans; (ii) does not constitute medical advice and is not being conducted for diagnostic or treatment purposes; and (iii) may not be covered by insurance. Further, Walgreens may not be able to submit a claim to an insurer for the Travel Consult on behalf of the Traveler; and
- I agree to full financial responsibility for the Travel Consult and understand that payment for such service is due upon receipt. I understand that Walgreens price for the Travel Consult does not include the cost for any (i) immunizations or prescriptions that I may request at Walgreens pharmacy or (ii) any over-the-counter travel-related products that I may purchase at Walgreens.

Patient Printed Name:_____

Patient Signature_____ **Date:**_____/_____/_____