

PROVIDENCE HOOD RIVER TRAVEL MEDICINE QUESTIONNAIRE
 917 11th Street, Hood River, OR 97031 / 541-387-6383

Must be completed before scheduling an appointment.

Name	
Date of Birth	
Phone number	
Email	
Travel Dates Departure/Return	
Cities/Countries	
Length of Stay	
Accommodation	
Trip Purpose	
What recreational activities are you doing?	
Are you working in health care, in an orphanage, or on a farm?	
MEDICAL HISTORY	
MAJOR MEDICAL PROBLEMS:	
MEDICATIONS	
ALLERGIES	
TRAVEL VACCINE HISTORY *	DATE(S)
Yellow Fever (most recent)	
Typhoid (most recent)	
Rabies (3 doses)	
Hepatitis A (2 doses)	
Cholera	
Japanese Encephalitis	
Tick-borne Encephalitis	
ROUTINE VACCINE HISTORY *	DATE(S)
Influenza	
Tetanus (TDaP)	
COVID-19	
MMR	
Polio	
Hepatitis A	
Hepatitis B	
Pneumonia	
Meningococcal	
Zoster	
Haemophilus	

*If this section is left blank, it is difficult to accurately recommend travel vaccines and routine immunizations. Unless requested, routine immunizations will not be discussed in the travel medicine visit. For routine adult vaccines, check [Adult Immunization Schedule by Vaccine and Age Group | CDC](#).