

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](#).