

**TRAVEL MEDICINE SERVICE
ADULT TRAVEL QUESTIONNAIRE**

St. Peter Family Medicine
525 Lilly Road NE Olympia, WA 98506
(360) 493-7230 fax (360) 493-4180

Name _____ Date _____

DOB _____ Male / Female _____ Age _____

Destination: _____

Planned Dates of Travel: _____

Itinerary: From _____ To _____
 To _____ To _____
 To _____ To _____
 To _____ To _____

Current Medications: _____

Allergies: _____

Past Medical History:
 Surgeries: _____
 Hospitalizations: _____

Current Medical Conditions: _____

Are You Pregnant? Y / N EDC _____ Trying to Become Pregnant? Y / N

Traveling Companions: _____
 Past Travel Experiences (countries visited): _____

Immunizations (please bring any immunization records you have)

VACCINE	DATE	DATE	DATE	DATE
Cholera				
Hepatitis A				
Hepatitis B				
Influenza				
Jap. Encephalitis				
Meningococcal				
MMR				
Plague				
Pneumonia				
Polio Oral/Inj.				
Rabies				
Tetanus/Diphtheria				
Typhoid Oral/Inj.				
Varicella				
Yellow Fever				