

**TRAVEL MEDICINE SERVICE
PEDIATRIC TRAVEL
QUESTIONNAIRE**

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

Name _____ Date _____

DOB _____ M / F Age _____ Weight _____ kg

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: _____

Traveling Companions: _____

Past Travel Experiences (countries visited): _____

Immunizations (please bring any immunization records you have)

VACCINE	DATE	DATE	DATE	DATE
Cholera				
DTP / Td				
Hepatitis A				
Hepatitis B				
HIB				
Influenza				
Jap. Encephalitis				
Meningococcal				
MMR				
Pneumococcal				
Polio Oral/Inj.				
Rabies				
Typhoid Oral/Inj.				
Varicella				
Yellow Fever				

**TRAVEL MEDICINE SERVICE
PEDIATRIC VACCINE
WORKSHEET**

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Name _____

Date _____

DOB _____

WEIGHT= _____ kg

Childhood Vaccinations:

- o *DtaP:*

2m	4m	6m	12-18m	4-6y

Date Given: _____
- o *Polio:*

2m	4m	12-18m	4-6y

Date Given: _____
- o *Td:* Booster at 14-16 yrs, then every 10 years Date Given: _____
- o *Varicella:* One dose after 1 yo or no hx of disease. Date Given: _____
If >13 yo, 2 doses at weeks 1 & 4-8. Date Given: _____
- o *MMR:*

12-15m	#2

Date Given: _____
- o *HIB:*

2m	4m	6m	12-18m

Date Given: _____
- o *Hep B:*

0-2m	1-4m	6-18m

Date Given: _____

Travel Vaccinations:

- o *Hepatitis A:* First dose confers immunity in 4 weeks. Date #1 given: _____
Second dose confers lifelong immunity. Date #2 given: _____
Use in >2 yo, at months 0 & 6.
- o *Typhoid:* Use injectable Typhim Vi. Date given: _____
One dose, booster q 2 years.

Travel Vaccines for Special Circumstances:

- o *Yellow Fever:* See current CDC Blue Sheet for recomm. Date given: _____
One dose 10 days prior to travel.
Booster q 10 years.
Not in <4 mo, egg hypersensitivity, immunosuppression.
Contraindicated in presence of Thymic Disease
4-6 mo. – consult CDC.
6-9 mo. – ongoing epidemic yellow fever.
>9 mo. – one dose 0.5ml
- o *Japanese Encephalitis:* Three doses days 0, 7 & 30. Date #1 given: _____
1-3 yrs – 0.5ml Date #2 given: _____
>3 yrs – 1.0ml Date #3 given: _____
- o *Meningococcal:* See current CDC recommendations. Date given: _____
One dose, booster q 3-5 years.
Incomplete response to some serotypes
If given at <2 yo.
- o *Plague:* Contraindicated in < 18 yo.
- o *Rabies:* Prolonged rural travel in rabies endemic country. Date #1 given: _____
Date #2 given: _____
Date #3 given: _____
Three doses days 0, 7, 21-28.
Pre-exposed treatment only.
Booster in 2 years if antibody levels decrease.