



TRAVEL MEDICINE

ANDREW RADER US ARMY HEALTH CLINIC
 JOINT BASE MYER - HENDERSON HALL
 703-696-3441



MEDICAL PREPARATION FOR INTERNATIONAL TRAVEL

Name	Sponsor's SSN (Last 4 only)	Daytime Phone
Unit & Address	Age	Sex
	Occupation	Place of Birth
Status <input type="checkbox"/> AD <input type="checkbox"/> DEP <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> Other:		
Have you ever lived outside of the United States for longer than 6 months? No Yes If yes, where and when?		

TRAVEL PLANS

Date of Departure: _____ Date of Return: _____		Reason(s) for travel: <input type="checkbox"/> Tourism <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Military deployment <input type="checkbox"/> Business (non-military) <input type="checkbox"/> Diplomatic/humanitarian mission <input type="checkbox"/> Visiting friends/relatives
ITINERARY (In order):	Country	Cities/States
		Length of Stay
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
From what sources do you anticipate obtaining meals? <input type="checkbox"/> Restaurants <input type="checkbox"/> Street vendors <input type="checkbox"/> Family/friends <input type="checkbox"/> Self-prepared <input type="checkbox"/> Field rations		Locale(s): <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Jungle <input type="checkbox"/> Mountains <input type="checkbox"/> Beach
What forms of contact with indigenous persons do you expect? <input type="checkbox"/> Meetings <input type="checkbox"/> Social events <input type="checkbox"/> Indoor crowds <input type="checkbox"/> Physical contact <input type="checkbox"/> Proximity to children		Special Activities: <input type="checkbox"/> Snow sports <input type="checkbox"/> Animal handling <input type="checkbox"/> Water sports <input type="checkbox"/> Mountaineering <input type="checkbox"/> Safari <input type="checkbox"/> Other:
		Accommodations: <input type="checkbox"/> Hotel <input type="checkbox"/> Private residence <input type="checkbox"/> Campsite <input type="checkbox"/> Hostel/dormitory <input type="checkbox"/> Cruise ship <input type="checkbox"/> Military base <input type="checkbox"/> Other:

PERTINENT MEDICAL HISTORY

Prior travel to developing countries: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where & when? _____	
Prior travel illness: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
Prior travel medications: <input type="checkbox"/> Malaria pills <input type="checkbox"/> Anti-diarrheals <input type="checkbox"/> Motion sickness pills <input type="checkbox"/> Antibiotics <input type="checkbox"/> Other:	
Medical Conditions (past and current): Heart disease (incl. arrhythmias) Lung disease (incl. asthma) Diabetes High blood pressure Cancer Epilepsy (seizures) Hepatitis GI problems (incl. ulcers) Psychiatric Chickenpox Immune system disorder Ear/sinus problems Thyroid disease Deep venous thrombosis Measles Polio Hives/urticaria	Allergies: None Eggs Thimerosal Sulfa Penicillin Neomycin Polymyxin Sulfites Bee stings Aluminum Streptomycin Neomycin Amphotericin B Other: Specify type of reaction:
Current Medications (prescription, OTC, herbals, and supplements): <input type="checkbox"/> None <input type="checkbox"/> As listed below (include doses): _____ _____ _____	Women's Health: Are you currently pregnant or trying? No Yes Are you currently breastfeeding? No Yes Do you have frequent yeast infections? No Yes Are you currently taking birth control pills? No Yes



STOP! Please complete this side of the form only. Bring this form along with all medical and immunization records to your appointment. One form must be completed for each traveler.