

WORKFIRST

Questionnaire For International Travelers

Please complete this questionnaire. Keep with you until the nurse calls you back.

1. During the phone call with the secretary, you said you were going to:

, & , .

Have there been any changes or additional sight seeing? _____

Are you passing through any other countries? _____

How much time will be spent at each location? _____

2. Is your departure date , and your return date ?

3. What is the purpose of your trip? _____

4. Have you traveled outside the USA? Yes No If Yes, where? _____

5. Do you anticipate trips to developing countries in the future? Yes No How frequently? _____

6. What previous immunizations have you had - childhood, hepatitis, etc? List the dates for each immunization. **(Bring all immunization records including childhood and international immunization records. Bring these to the appointment).**

7. What allergies do you have to medications, foods, or other substances? _____

8. What medications are you currently taking? _____

9. For **ALL** travelers: List past medical problems? _____

10. For **FEMALE** travelers: Are you pregnant? Yes No

There are several things you need to know:

- a. A period of time may be needed to space the immunizations.
- b. Local and generalized reactions sometimes occur.
- c. A physician will review various information with you during your visit.
- d. It is essential that you bring all immunization records with you when you come for your appointment.

**Traveler
Registration
Sticker**

WORKFIRST
2250 EAST MARKET STREET
YORK, PA 17402
PHONE: 851-1600
FAX: 851-1650

Nursing Orders

Date Given Consent Signed Given By Location Lot & Exp Date

	Date Given	Consent Signed	Given By	Location	Lot & Exp Date
<input type="checkbox"/> Twinrix (1ml IM) accelerated					
<input type="checkbox"/> dose 1 (day 0)					
<input type="checkbox"/> dose 2 (day 7)					
<input type="checkbox"/> dose 3 (day 21)					
<input type="checkbox"/> dose 4 (12 months)					
<input type="checkbox"/> Twinrix (1ml IM)					
<input type="checkbox"/> dose 1 (day 0)					
<input type="checkbox"/> dose 2 (day 28-30)					
<input type="checkbox"/> dose 2 (day 6 mos.)					
<input type="checkbox"/> Hepatitis A (1ml IM)					
• birth to 10 yrs 2.5mcg/0.5ml syringe					
• 11 yrs to 19 yrs 5mcg/0.5ml vial					
• Adults 10mcg/1.0 syringe					
<input type="checkbox"/> dose 1 (day 0)					
<input type="checkbox"/> dose 2 (day 28-30)					
<input type="checkbox"/> dose 3 (6 mos)					
<input type="checkbox"/> Immune Globulin					
(0.02 ml/Kg for up to 3 months protection)					
(0.06 ml/Kg for up to 6 months protection)					
Weight in Kg:					
Dose: ml IM					
<input type="checkbox"/> Japanese Encephalitis 1ml SQ					
<input type="checkbox"/> dose 1 (day 0)					
<input type="checkbox"/> dose 2 (day 7)					
<input type="checkbox"/> dose 3 (day 30)					
<input type="checkbox"/> Measles (0.5ml SQ)					
<input type="checkbox"/> Meningococcal (0.5ml SQ)					
<input type="checkbox"/> Poliovirus (0.5ml SQ)					
<input type="checkbox"/> Rabies Live Virus (1ml IM)					
(give immediately after mixing)					
<input type="checkbox"/> dose 1 (day 0)					
<input type="checkbox"/> dose 2 (day 7)					
<input type="checkbox"/> dose 3 (day 21 or 28)					
<input type="checkbox"/> Tetanus/Diphtheria (0.5ml IM)					
<input type="checkbox"/> Typhoid Fever (0.5ml IM only)					
<input type="checkbox"/> Injectable					
<input type="checkbox"/> Yellow Fever (0.5ml SQ)					
• give immediately after mixing					
• stamp Yellow International Certificate of vaccination					
• Sterilize any unused mixed Yellow Fever vaccine					
<input type="checkbox"/> Chloroquine Phosphate 300mg p.o. weekly <input type="checkbox"/> HIV testing					
<input type="checkbox"/> Mefloquine 250mg PO weekly <input type="checkbox"/> Cipro 500mg bid x 3 days prn <input type="checkbox"/> Malarone 250mg/100mg daily					

Special Orders:

Physician Signature / Date

Comments / Adverse Events:
