

**OHSU STUDENT HEALTH & WELLNESS CENTER  
TRAVEL PATIENT QUESTIONNAIRE**

**Please fill out this form and bring it with you to your travel appointment.**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Traveling with OHSU Global Health?    Yes    No    not sure

Dates of vaccinations you may have had:

Typhoid oral \_\_\_\_\_ Typhoid injection \_\_\_\_\_ Last Polio \_\_\_\_\_  
 Yellow fever \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Japanese Encephalitis \_\_\_\_\_  
 Meningococcal \_\_\_\_\_ Last Tetanus: \_\_\_\_\_ Last Tuberculosis screening \_\_\_\_\_

Do you have any special concerns or questions to be answered at your appointment?

Circle any of the following that you are allergic to:

Eggs    Thimerosal    Sulfa    Neomycin    Streptomycin    Bee stings    other allergies:

**INFORMATION ABOUT YOUR TRAVEL PLANS**

Please indicate, in the order in which you will visit them, the countries to which you will be traveling, the date of arrival to that country, and length of stay in each country.

Name of Country include cities/towns will be visiting	Date of Arrival	Length of Stay

Is your travel to:    city    rural areas    or both?

What is the reason for travel (pleasure, clinic/hospital work, other)?

**QUESTIONS FOR THOSE AT RISK OF PREGNANCY:**

Are you pregnant, suspect you may be pregnant, or trying to become pregnant in the next 6 months? ☐Yes ☐No

If pregnant, how many weeks? \_\_\_\_\_

Are you breast feeding? ☐Yes ☐No

**THE COST OF TRAVEL VACCINES ARE NOT COVERED BY STUDENT HEALTH AND WELLNESS.**

*(We will bill insurance first but any remaining costs of vaccines will be billed to the patient. PacificSource Student Health Insurance pays 100% of the cost of travel vaccinations given at Student Health and Wellness Center)*