

Name: _____
MUID: _____

Travel Clinic Information

Today's Date: _____ Departure Date: _____ Return Date: _____

Previous travel to: _____

Previous Malar5(v).17 ed7 v: _____

Patient Name: _____

MUID: _____

Screening Questionnaire for Adult Immunization

1. Do you have documentation of having your routine childhood vaccination series? **YES NO**
2. Have you ever had a serious reaction to receiving a vaccine? **YES NO**
3. Do you have cancer, leukemia, AIDS, or any other immune system problems? **YES NO**
4. Do you take cortisone, prednisone, steroids, or anticancer drugs or have you had x-ray treatments? **YES NO**
5. Have you had a seizure or other nervous system problem? **YES NO**
6. During the last year have you received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin? **YES NO**
7. *For Women:* Are you pregnant, breastfeeding or is there a chance you could become pregnant during the month following vaccination? **YES NO**
8. Have you received any vaccination in the last 4 weeks? **YES NO**
9. Have you ever fainted from having your blood drawn or from an injection? **YES NO**

Immunization History

Immunizations	Dates of Immunizations
Tetanus, TD, DPT, Tdap Last booster dose	1. _____
Polio by injection or oral	1. _____ 2. _____ 3. _____ 4. _____
MMR	1. _____ 2. _____
Chicken Pox or Varicella (give dates of disease or vaccine)	1. _____ 2. _____ Date of disease: _____
Hepatitis A	1. _____ 2. _____
Hepatitis B series	1. _____ 2. _____ 3. _____