



Thank you for contacting TenderCare Clinic's INTERNATIONAL TRAVEL CLINIC about immunization needs for your upcoming trip. At your travel clinic appointment, we will present you with a health risk assessment, as well as important travel resources and then administer the appropriate immunizations required or recommended for your destination. We will also write any prescriptions that are pertinent to your travel plans.

We also can provide the International Certificate of Vaccination (the "Yellow Card") and are a certified Yellow Fever Vaccination Center from the CDC, should Yellow Fever immunization be required for your destination.

Please find attached initial paperwork for you. Fill out the information, to the best of your knowledge, and we will discuss anything you are uncertain of at the time of your consultation. Just return the completed form to us, *as soon as possible*. We will then review and research your destinations, vaccines with which you are current and your immunizations needs. We will then contact you to set up an appointment for your consultation, administration of necessary vaccines and any prescriptions you might need for your adventure.

The following is a list of what you should bring to your travel appointment:

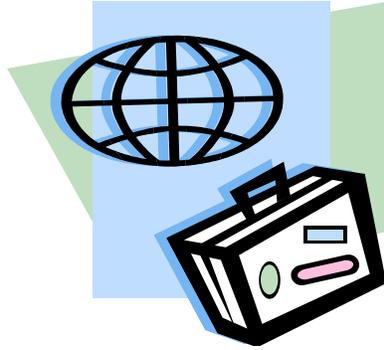
- Any immunization records you may have and/or Yellow Card.
- Any recommendations from a tour group, church, or cruise line associated with your international travel.
- Any other information you deem important to your health, medical conditions and treatment.

TenderCare International Travel Clinic does not file for any insurance. We will, however, provide you with copies of necessary documentation for filing.

***Please confirm via email that you have received your Medical Questionnaire form.** If you have any questions, please feel free to contact us at 706-534-6640.

We look forward to serving your medical travel needs!

Pam



TENDERCARE INTERNATIONAL TRAVEL CLINIC
Wellness Center
1040 Park Drive
Greensboro, GA 30642
706-534-6640 (office) 706-400-4414 (fax)

NAME _____

ADDRESS _____

BIRTHDATE _____ **GENDER** _____

EMAIL ADDRESS _____

LANGUAGE BEST SPOKEN: English___ Spanish ___ Other_____

MARITAL STATUS: SINGLE___ MARRIED___ WIDOWED___
DIVORCED___SEPARATED___

RACE: Asian___ Native Hawaiian___ Black/African American___
White___ American Indian/Alaska Native___ Other Pacific Islander___

ETHNICITY: Hispanic or Latino___ Non-Hispanic or Latino___

ARE YOU A VETERAN? _____

PHONE NUMBERS _____

TenderCare International Travel Clinic
Medical Questionnaire

Name _____ Date _____

Date of Birth _____ Age _____

Phone: Home _____ Cell _____ Work _____

Immunization Questions:	Yes	No	Describe Problem
1. Have you ever had a reaction or side effect from any shot?			
2. Have you ever fainted from having your blood drawn or from a shot?			
3. Female only: Are you pregnant?			
4. Female only: Are you breastfeeding?			
5. Female only: Might you become pregnant on this trip?			
6. Do you have AIDS, or have close contact with anyone with any AIDS-like condition leukemia, or cancer?			
7. Do you have a family history of immunodeficiency?			
8. Have you had a fever in the past 48 hours?			
9. Have you experienced a fever after a shot? If so please list the vaccine.			
10. Are you allergic to eggs?			
11. Do you have heart, kidney, or liver disease?			
12. Have you had your thymus gland removed or a history of thymus disease, including myasthenia gravis, DiGeorge syndrome, thymoma?			

General Medical Questions:	Yes	No	Describe Problem
1. Do you have skin problems?			
2. Do you have any eye conditions?			
3. Do you have any stomach conditions including GERD?			
4. Do you have any bowel conditions, such as diarrhea or constipation?			
5. Have you had the disease hepatitis A or B or yellow jaundice?			
6. Do you have trouble sleeping?			
7. Do you take any medications regularly? If so please list the medication and condition that is being treated.			
8. Do you have any medical condition(s) that you see a doctor for regularly? Any past conditions?			
9. Do you have severe thrombocytopenia (low platelet count) or a blood clotting disorder?			
10. Do you have a history of depression or other psychological/psychiatric problems?			
11. Have you ever had a convulsion, seizure, or epilepsy?			
12. Are you prone to motion sickness?			
13. Who is your regular doctor?			
14. Have you been treated for any type of cancer? What type and date?			

Medication Questions:	Yes	No	Problem
1. Are you allergic to any medications, foods or latex? <u>If yes, what is the reaction?</u>			
2. Are you taking antibiotics?			
3. Do you take steroids, prednisone, or cortisone for any reason?			
4. Are you taking or will you be taking: (a) Pepto-Bismol to prevent Traveler's diarrhea? (b) Antacids? (c) Oral contraceptives?			
5. Have you ever taken malaria medication? If so what kind? Any problems?			

Allergies	Yes	No	Problem
ARE YOU ALLERGIC TO:			
<ul style="list-style-type: none"> Gentamicin, streptomycin, neomycin, kanamycin 			
<ul style="list-style-type: none"> Sulfites 			
<ul style="list-style-type: none"> Aluminum or aluminum hydroxide 			
<ul style="list-style-type: none"> Mercury or thimerosal 			
<ul style="list-style-type: none"> Bee stings or have history of hives or urticaria 			
Are you hypersensitive to gelatin?			
Are you hypersensitive to beef protein, soy, casein, lactose, phenol, or formaldehyde?			
Are you hypersensitive to soy?			
Are you hypersensitive to lactose?			

Prior Immunizations

Vaccine	Yes	No	Unknown	Date
Hepatitis A (2 doses)				
Hepatitis B (3 doses)				
Hepatitis A/B combo (3 doses)				
Influenza				
Japanese Encephalitis				
Measles, Mumps Rubella (MMR)				
Meningococcal				
Pneumococcal				
Polio (3 doses either oral or injectable)				
Rabies				
Tetanus/Diphtheria				
Tetanus, Diphtheria/Pertussis				
Typhoid injectible				
Typhoid Oral				
Yellow Fever				

TenderCare International Travel Clinic
Medical Questionnaire
Trip Information

1. Countries and cities you plan to visit (Please list in sequence):

City & Country	Arrival Date	Departure Date	Urban	Rural	How Long

2. Where will you be staying? (Please circle all that apply)

- | | | |
|--------------------------------|--------------|--------|
| Major resort hotels | Small Hotels | Hostel |
| Staying with family or friends | Camping | Other |
| Renting home/apt./condo | Cruise ship | _____ |

3. What is the purpose or type of activities you will be doing during your trip? (Please circle all that apply):

- | | | |
|-----------------------------|------------------|-------------------|
| Vacation | Safari | Will you be: |
| Business | Missionary | Driving a car |
| Relocation to the country | Student | Scuba diving |
| Visiting friends and family | Volunteer Agency | Mountain Climbing |
| Outdoor activities | Adoption | Bicycling |
| Hiking | Other _____ | |

4. Who is traveling with you?

- Spouse _____
- Family member(s) Children (List age) _____
- Friend _____
- Tour Group _____
- Church Group _____

How did you hear about our travel service?
