



Nurse Visit (Vaccine ONLY)

Physician/Nurse Visit (Vaccine/Yellow Fever/Scripts)

Fort Wayne Allen County Department of Health Travel Intake Form

(To be completed by client)

Name:	I am traveling for:		
DOB(m/d/y): ____/____/____	<input type="checkbox"/> Missions work		
Phone:	<input type="checkbox"/> Business		
Address:	<input type="checkbox"/> Pleasure		
	<input type="checkbox"/> Other		
Date of Departure: ____/____/____			
Destinations (list in order):	Type of Area	Length of Stay	
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
Medical History			
Allergies:			
Medications	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list below)	
Insect bites/Stings	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list below)	
Chronic Medical Problems:			
<input type="checkbox"/> Immune suppression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Seizures
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Anemia
<input type="checkbox"/> Anxiety disorders	<input type="checkbox"/> Glucose 6 Phosphatase Deficiency	<input type="checkbox"/> Other (list below):	
Current Medications			
(list all medicines including over the counter medicines you take regularly)			
Vaccines:			
I have had been vaccinated in the past 28 days.		<input type="checkbox"/> No <input type="checkbox"/> Yes (list below)	
Women only:			
Are you pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you breastfeeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Last menstrual period:	____/____/____		
Smart Traveler Enrollment Program			
I have enrolled in this program		<input type="checkbox"/> No <input type="checkbox"/> Yes	
https://travelregistration.state.gov/ibrs/ui/			

Patient signature

____/____/____
Date



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Travel – Nurse Checklist Form

(To be completed by nurse and client)

- Destination confirmed with patient
- Patient information reviewed
- CDC travel site information for destination reviewed and provided to patient
(<http://wwwnc.cdc.gov/travel/>)
- Travel notices in effect provided to patient
- Immunizations recommended by CDC site discussed with patient and provided
- Immunization card provided to patient
- Declination of services signed by patient for all recommended vaccines that are declined
- Items to bring with you as recommended by CDC website discussed with patient
- Other Diseases information discussed with patients
- Insect and animal bite information discussed with patient
- Injury and traffic safety information discussed with patient
- After you return home information discussed with patient
- TST recommended No Yes
(If yes, place TST and use separate form)
- Follow-up TST after return home scheduled No Yes NA

My signature implies that I received all of the above listed information both verbally and in hard copy. I have had the opportunity to ask questions, and understand the information shared with me.

Client Signature

____/____/____
Date

RN Signature

____/____/____
Date



Nurse Visit (Vaccine ONLY)

Physician/Nurse Visit (Vaccine/Yellow Fever/Scripts)

Travel – Healthcare Provider Checklist Malaria, Yellow Fever and Traveler’s Diarrhea Prevention

(To be completed by Physician or Physician Extender, and client)

Temperature: _____°F Heart rate: _____bpm Blood pressure: ____/____

- Destination confirmed with patient
- Patient information reviewed
- CDC travel site information for destination reviewed and provided to patient (<http://wwwnc.cdc.gov/travel/>)
- Travel notices in effect provided to patient
- Malaria information for destination on CDC website reviewed
- Patient counseled regarding personal protective measures against mosquito bites
- Patient counseled as to the signs and symptoms of malaria
- Chemoprophylaxis options discussed with patient
 - Is area chloroquine sensitive No Yes
 - Is patient pregnant No Yes
 - Prescription provided for:
 - Chloroquine
 - Mefloquine
 - Doxycycline
 - Atovaquone/ proguanil
 - Primaquine
- Patient counseled as to completion of medicine when back home
- Is the patient traveling to sub-Saharan Africa or tropical South America

No	Yes
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- Yellow Fever recommended per CDC website No Yes
- Is the patient 9 months of age or older? No Yes
- Is the patient pregnant? No Yes
- Does the patient have egg hypersensitivity No Yes
- Is the patient immunocompromised? No Yes
- Is the patient a candidate for the yellow fever vaccine No Yes
- Has patient been counseled as to the potential side effects No Yes
- Provide Yellow Fever Vaccine
- Do not provide Yellow Fever Vaccine
- Patient is traveling to a:
 - Intermediate-risk countries include those in Eastern Europe, South Africa, and some of the Caribbean islands.
 - High-risk areas include most of Asia, the Middle East, Africa, Mexico, and Central and South America
- Patient has been provided:
 - Cipro 500 mg po times one dose to use if diarrhea develops
 - Cipro 500 mg po bid times three days to use if diarrhea develops
- Patient has been provided information about traveler’s diarrhea
- Patient has been counseled to call if has diarrhea upon return

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_____/_____/_____
Client Signature Date

_____/_____/_____
Provider Signature Date

Drugs for Prophylaxis of Malaria

Drug	Usage	Adult dosage	Cost*	Comments
Chloroquine (Aralen)	In areas with chloroquine-sensitive <i>Plasmodium falciparum</i> ; safe option in pregnancy	500 mg orally, once a week; begin therapy two weeks before exposure and continue for four weeks after.	\$ 5.26	—
Mefloquine (Lariam)	In areas with chloroquine-resistant <i>P. falciparum</i> ; safe option in pregnancy	250 mg orally, once a week; begin therapy two weeks before exposure and continue for four weeks after.	\$10.75	Not recommended in patients with seizure disorders, cardiac conduction abnormalities, or psychosis
Doxycycline (Vibramycin)	Alternative to mefloquine in areas with chloroquine-resistant <i>P. falciparum</i> ; contraindicated in pregnancy	100 mg orally, once a day; begin therapy two days before exposure and continue for four weeks after.	\$ 4.34	Contraindicated in lactating women and children younger than eight years; should be taken with food
Atovaquone/proguanil (Malarone)	Alternative to mefloquine and doxycycline in areas with chloroquine-resistant <i>P. falciparum</i> ; contraindicated in pregnancy	1 adult tablet (250 mg atovaquone/100 mg proguanil) orally, once a day; begin therapy one to two days before exposure and continue for one week after.	\$ 4.70	Contraindicated in severe renal failure (creatinine clearance less than 30 mL per minute); should be taken with food
Primaquine (Palum)	As terminal prophylaxis in those with prolonged exposure to <i>Plasmodium vivax</i> or <i>Plasmodium ovale</i> , or both, or exposure in areas of intense <i>P. vivax</i> transmission; contraindicated in pregnancy	26.3 mg orally, once a day, for 14 days after departure from endemic area	\$ 0.90	Contraindicated in patients with G6PD deficiency; for chemoprophylaxis (not yet FDA-approved for this purpose), take 2 tablets daily one day before exposure and continue for seven days after departure from an endemic area

G6PD = glucose-6-phosphate dehydrogenase; FDA = U.S. Food and Drug Administration.

*—Estimated cost to the pharmacist per tablet based on average wholesale prices in Red book. Montvale, N.J.: Medical Economics Data, 2001. Cost to the patient will be higher, depending on prescription filling fee.

Adapted from Centers for Disease Control and Prevention. Health information for international travel 2001–2002. Atlanta: U.S. Department of Health and Human Services, Public Health Service, 2001.