

**Womack Army Medical Center  
Travel Medicine Risk Assessment Questionnaire**

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sponsor SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**PREVIOUS TRAVELS**

List previous overseas travels:

List any medical disease(s)  
or issues from that travel:

**TRAVEL PLANS**

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Countries in order of travel: \_\_\_\_\_

Indicate travel plans by answering all of the following: **(check all that apply)**

Is your journey related to:	<input type="checkbox"/> Business	<input type="checkbox"/> Tourism	<input type="checkbox"/> Study	<input type="checkbox"/> Homeland visit	<input type="checkbox"/> Other
Travel accommodations:	<input type="checkbox"/> Resort	<input type="checkbox"/> Economy	<input type="checkbox"/> Camping	<input type="checkbox"/> Private home	<input type="checkbox"/> Cruise ship
Type of visit:	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Combined		
Travel Insurance:	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Anticipated activities:	<input type="checkbox"/> Biking	<input type="checkbox"/> Hiking/trekking	<input type="checkbox"/> High altitude visit	<input type="checkbox"/> High altitude climb	
	<input type="checkbox"/> Scuba diving	<input type="checkbox"/> Medical/missionary work	<input type="checkbox"/> Evening cruises or outings	<input type="checkbox"/> Caving	
Type of travel:	<input type="checkbox"/> Group	<input type="checkbox"/> Independent	<input type="checkbox"/> Flexible itinerary	<input type="checkbox"/> Cruise	

Other travel considerations that should be considered in preparing for your trip?  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH HISTORY**

Drug Allergies:  
List all current medications: \_\_\_\_\_

Do you smoke/chew: \_\_\_\_\_ Do you drink alcohol: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Previous surgery: \_\_\_\_\_

Family History: \_\_\_\_\_ ROS: \_\_\_\_\_

**IMMUNIZATIONS**

	Yes	No	
Have you ever had any bad reaction from any vaccine? (Does not include low grade fever and/or aching or swelling at vaccine site or sore arm)			List:
Do you have AIDS or immune disorder, leukemia or cancer?			Live virus and bacterial vaccines
Have you received any injection of immune globulin or any blood product during the last 12 months?			Live virus and bacterial vaccines, may affect response to many vaccines

**GENERAL MEDICAL**

	Yes	No	
Do you have a medical condition that is stable now but might recur while traveling?			
Have you had your spleen removed?			
Have you had an acute illness or fever in the past 48 hrs?			
Are you pregnant or are you planning to get pregnant?			Live vaccines and some other vaccines and medications: risk vs. benefit analysis
Are you breast feeding?			Smallpox, yellow fever
Do you have a coagulation disorder, take warfarin or have low platelets? (Taking aspirin is ok)			Any intramuscular injection
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or a history of psychiatric problems?			Mefloquine
Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome or thymoma?			Yellow Fever
Do you have any stomach condition?			Oral typhoid, mefloquine, doxycycline, Malarone, chloroquine,
Do you have a G6PD (glucose-6 phosphate dehydrogenase deficiency)? (Evaluated by blood test)			Chloroquine, primaquine
Do you have severe kidney disease?			Malarone
Do you have problems with vaginitis (yeast infection), especially when on antibiotics?			Any antibiotic
Do you have psoriasis			Chloroquine and related compounds
Have you had radial keratotomy, a type of eye surgery (not lasik)			Blurred vision at very high altitude
Are you prone to motion sickness			May need treatment prescribed for this
Do you have asthma or wheezing?			Live influenza (intranasal)

**MEDICATIONS: A**

	Yes	No	
Quinine, quinidine or medications for cardiac conduction defect or irregular heart beat?			Mefloquine
Steroids, prednisone or anti-cancer drugs?			Live virus and bacterial vaccines; potential effect on immune response
Antibiotics or sulfonamides?			Oral typhoid
Pepto-Bismol to prevent traveler's diarrhea?			Doxycycline, tetracycline, aspirin
Antacids?			Doxycycline, tetracycline

**Are you allergic to:**

	Yes	No	
Any medications?			
Amphotericin B?			Rabies (RabAvert)
Streptomycin?			Rabies (RabAvert)
Gentamycin?			FluMist, Fluarix (intranasal)
Neomycin?			Hep A, Hep A/B, influenza, MMR, rabies, varicella, zostavax, MMRV, pediarix, smallpox, Rabies
Protamine sulfate?			Ixiaro (JEV)
Polymixin?			Influenza, (fluvirin, afluria), Pediarix, smallpox, Kinrix, pentacel
Eggs?			Yellow fever, rabies (PCEC)
Chlortetracycline?			Rabies (RabAvert)
Gelatin?			Varicella, MMR, DTaP, yellow fever, influenza (Fluzone, FluMist), oral typhoid, MMRV, Zostavax
Latex?			Selected vaccines
Food Allergies?			
Stinging insect allergies?			