CATAWBA VALLEY HEALTH SYSTEM
CATAWBA VALLEY INFECTIOUS DISEASE CONSULTANTS

Name: _____ **DOB:**_____

Travel Itinerary: Departure Date from U.S. _____ Return Date to U.S. _____

Countries and Cities to be Visited in Order	Arrival Date	Departure Date

Risk Assessment: Please Check All That Apply

Type of Trip	[ ] Business [ ] Pleasure [ ] Education, Name of School?
Vacation Type	[ ] Organized/Tour [ ] Self Organized [ ] Backpacking [ ] Cruise Ship [ ] Visiting Friends/Relatives [ ] Other (Specify):
Accommodations	[ ] Hotel [ ] Friends/Relatives Home [ ] Other (Specify):
Traveling	[ ] Alone [ ] With Family/Friends [ ] In a Group
Destination	[ ] Urban [ ] Rural [ ] Altitude (>7,000 ft. or 2,300 Meters in the Mountains)
Planned Activities	[ ] Volunteer [ ] Adventure [ ] Health Worker [ ] Sailing [ ] Safari [ ] Visiting Caves [ ] Biking [ ] Rafting [ ] Scuba Diving [ ] Snorkeling [ ] Other (Specify):

Medical Conditions:

HIV-Infection	Y [ ] N [ ]	Heart Disease	Y [ ] N [ ]
Tuberculosis or Positive PPD/QuantiFERON TB Test	Y [ ] N [ ]	Asthma, COPD, or other Lung Disease	Y [ ] N [ ]
Autoimmune Disease such as RA, Lupus, Psoriasis, Crohn's Disease, etc.	Y [ ] N [ ]	History of Guillain-Barre Syndrome	Y [ ] N [ ]
Organ, Bone Marrow or Stem Cell Transplant	Y [ ] N [ ]	Seizure Disorder	Y [ ] N [ ]
Chronic use of Steroids or Biological Agents	Y [ ] N [ ]	Psychiatric Disorder	Y [ ] N [ ]
Cancer, Chemotherapy or Radiation	Y [ ] N [ ]	Blood Clotting Disorder/ DVT/PE	Y [ ] N [ ]
Immunodeficiency Disorder (DiGeorge Syndrome, Common Variable Immunodeficiency, etc)	Y [ ] N [ ]	Have you ever tested positive for G6PD deficiency?	Y [ ] N [ ]

Women Only:

Regular Menstrual Cycle: Y [ ] N [ ]	Date of LMP:
Birth control: Y [ ] N [ ]	Form:
Are you pregnant, planning to become pregnant, or breastfeeding? Y [ ] N [ ]	

Allergies:

Allergy or Anaphylactic Reaction to Latex: Y [ ] N [ ]
Allergy or Anaphylactic Reaction to Eggs: Y [ ] N [ ]
Do you carry an EpiPen? Y [ ] N [ ]
Have you had a serious reaction to a vaccine in the past? Y [ ] N [ ]
List Medication Allergies:

Medication: List ALL Medications (include prescriptions, over-the-counter medications, vitamins, and herbal supplements)
