

International Travel Risk Assessment

People traveling outside the United States should understand the potential health risks and take an active part in health preparation. Complete this form before meeting with your health-care provider to help determine your risk level and necessary preventive measures.

Trip Details and Travel History

Country:	Country:	Country:
Date/time period:	Date/time period:	Date/time period:
Expected length of stay:	Expected length of stay:	Expected length of stay:
Area:	Area:	Area:
Urban Rural Unknown	Urban Rural Unknown	Urban Rural Unknown
Lodging conditions:	Lodging conditions:	Lodging conditions:
What activities will you be doing while traveling (i.e. volunteering, hiking, backpacking, scuba diving, hunting, health-care/humanitarian work, sightseeing, business, etc.)?		
If you have traveled internationally in the past, where did you go and when did you travel?		

Personal Health

Do you have any allergies (i.e. medications, foods, environmental, etc.)? Please list.
What is your medical history and current health status (i.e. past illnesses or surgeries, chronic health problems, underlying medical conditions, etc.)?

What medications are you currently taking or have you taken in the past 3 months?

Do you have a weakened immune system? YES or NO

If you are a woman, are you:

- ☐ Currently pregnant
- ☐ Trying to become pregnant
- ☐ Breastfeeding
- ☐ Not currently pregnant, trying to become pregnant or breastfeeding

Do you plan to seek medical care for any reason during your trip? YES or NO

Immunization History

Vaccine	Date Received			
Hepatitis A (HAV)				
Hepatitis B (HBV)				
Diphtheria, tetanus, pertussis (DTaP, Tdap, Td)				
Influenza				
Meningococcal (MCV4, MPSV4, Men B)				
Polio (IPV, OPV)				
Measles, mumps, rubella (MMR)				
Varicella/zoster (VAR, CHKPOX, ZOS)				
Yellow Fever				
Typhoid				
Other				