



## Travel Questionnaire

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Do you get anxiety from flying?  Yes  No  
Do you get motion sick?  Yes  No

Are the following vaccinations up to date?

Tetanus (every 10 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Influenza (yearly)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis A (two-shot series)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B (three-shot series)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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### FOR PHYSICIAN USE:

*Vaccinations:*  Tetanus  Influenza  Hep A #1  Hep B #1  
 Other: \_\_\_\_\_

*Medications:*  Lorazepam 0.5 / 1 mg 30-60 minutes before flying  
 Alprazolam 0.5 / 1 mg 30 minutes before flying  
 Transderm scop 1 patch behind ear every 3 days  
 Cipro 500 mg BID x 3 days PRN traveler's diarrhea

*Malaria prophylaxis:*  Lariam 250 mg weekly from 1 week before travel until 4 weeks after return  
 Malarone 1 tablet daily from 1 week before travel until 7 days after return  
 Doxycycline 100 mg daily from 1 day before travel until 4 weeks after return  
 Plaquenil 400 mg weekly from 1 week before travel until 4 weeks after return

*For additional vaccines or information, patient should contact:*

- Loma Linda University International Travel Clinic: (909) 558-4594
- Orange County Health Dept. Travel Clinic: (800) 914-4887

M.D. Signature: \_\_\_\_\_