IMG Industrial Medical Group OF SANTA MARIA VALLEY

Travel Medicine Information Sheet

Name:	**DOB:**	**Date:**

Travel Plan

Type of Travel: ☐Business ☐Tourist ☐Student ☐Mission | Will you have access to medical care if necessary? ☐ Yes ☐No

Destination(s) of Travel (include dates of arrival and departure for each country:

Mode(s) of Travel:

Medical History

List any major medical issues past or present (E.g.: diabetes, asthma, high blood pressure, irregular heartbeat):

Past surgeries:

Current medications with dosage:

Allergies (check any of the following to which you are allergic): ☐No allergies ☐Eggs ☐Thimerosal ☐Sulfa ☐Neomycin
☐Streptomycin ☐Bee stings
Other:

Do you have any condition which has or could lower your immune system?

Women only

Are you or could you be pregnant? ☐Yes ☐No Are you breast-feeding? ☐Yes ☐No

Vaccine History (please check any of the vaccinations or diseases you have had, note dates if possible)

	Date		Date		Date
☐Measles	________________	☐Hepatitis B	________________	☐Cholera	_________________
☐Mumps	________________	☐Influenza	________________	☐Immunoglobulin	_________________
☐Rubella	________________	☐Pneumococcal	________________	☐Meningococcus	_________________
☐Varicella	________________	☐Yellow Fever	________________	☐Rabies	_________________
☐Hepatitis A	________________	☐Typhoid	________________		

In the past (including any childhood doses) have you received at least 3 doses of
Tetanus/diphtheria (Td)? ☐Yes ☐No Last dose date:____________
Polio vaccine? ☐Yes ☐No Last dose date:____________

Consent for Treatment

I authorize Industrial Medical Group to administer the following vaccine(s): ☐Varicella ☐Hepatitis B ☐Meningitis ☐Polio
☐Thyphoid ☐Zostavax ☐Hepatitis A ☐MMR ☐Pneumonia ☐Tdap/Tc ☐Yellow fever ☐Other:_____________________

The nature and benefits, the risks of possible side effects of the proposed vaccines(s) have been explained to me and I have been advised of my right to refuse such vaccines and the possible consequences of such a decision. I am aware that the vaccine(s) may not have the desired objectives and that no warranty or guarantee has been made

Signature:____ Date:________________________

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