

Spruce Street Internal Medicine

2575 Spruce Street, Boulder, CO 80302

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Travel Questionnaire (V65.49)

Name: _____ Phone: _____

Date of Birth: _____

Current Medications: _____

Allergies to Medications yes no

If yes, which one? _____

Allergic to Eggs? yes no

Other substances? _____

Are you presently pregnant or planning to become pregnant in the near future yes no

Do you consider yourself to be immunocompromised for any reason? yes no
(e.g. recent chemotherapy, HIV infection, organ transplant, removal of spleen).

Primary Care Physician _____

Immunization History (note year where possible):

MMR: _____ (if born after 1957, you should have had a series of two)

Tetanus-Diphtheria: _____ Others: _____

Date of departure: _____ Date of return: _____

Destination 1: _____ Destination 2: _____

Destination 3: _____ Destination 4: _____

Travel or living conditions: _____

For example, backpacking or motorized transportation? Tent or hotel? Urban or rural?

Are there any special questions of concerns you would like to have addressed?

Date and time of your appointment _____

*please fax, mail or drop off this form at least 48 hours before your appointment.

n.b. We do not carry all travel-related vaccines in our clinic.