

# Travel Vaccine Planner

Your Name \_\_\_\_\_

**Emergency Contact** - someone who will know how to contact you while you are gone or someone you may be in contact with when you are traveling.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Travel History

Have you traveled in the past?  Yes  No  
If yes, what countries?

Year	Countries

Did you encounter any difficulties?

- Traveler's Diarrhea
- Altitude Sickness
- Jet Lag
- Air Sickness
- Malaria
- Other, please explain.

Your email address: \_\_\_\_\_

How much access will you have to your email while traveling?

- none  intermittent  frequent

## Travel Itinerary

List all the countries on your itinerary in the order you will be visiting:

Country	Date arriving in country	Date leaving the country
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Visiting areas outside major cities?  Yes  No

Reason for Travel:

- Study Abroad
- MSU Business
- Vacation
- Other-please explain

Accommodations:

- Host family
- Camp
- Hotel
- Other-please explain

Online Travel PowerPoint

- I watched it
- I decline to watch it
- I watched it before
- I will watch it later

**Health History:**

History of: Immune Disorders  Yes  No  
Hepatitis Disease A  Yes  No  
B  Yes  No  
C  Yes  No

Chronic illnesses or major surgeries, for example, diabetes, seizure disorder, high blood pressure, splenectomy, bleeding disorders, coronary bypass, stomach surgery etc.

Yes  No If yes, list.  


Have you ever had a TB test?  Yes  No If yes, when? \_\_\_\_\_

Was there a reaction?  Yes  No If yes, how large? \_\_\_\_\_ mm.

Allergies to:  
Thimerosal  Yes  No  
Insects  Yes  No  
Neomycin  Yes  No  
Yeast  Yes  No  
Eggs  Yes  No

Females only:  
First day of last menstrual period  
\_\_\_\_\_  
Are you pregnant now?  
 Yes  No  NA

Other Allergies to Food and Drugs  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications, including over the counter medications  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is the responsibility of the traveler to bring his/her childhood and adult immunization records to the travel visit.**

## Optional Work Sheet – Information from Immunization Records or Yellow book

<b>Routine Vaccines</b>	<b>General Recommendations</b>	<b>Dates</b>
Tetanus Diphtheria- Td	Childhood series and every 10 years	
Tetanus Diphtheria Pertussis- Tdap	Adults <65, instead of Td for next tetanus or earlier if at risk	
MMR	Two doses after the age of 1 or born before 1957 or history of diseases	
Varicella (Chicken pox)	History of disease or two doses of vaccine	
Polio	Childhood series of 3 doses Adult booster for some travelers	
Hepatitis B	Series of 3 doses	
Influenza	Given yearly	
<b>Other Vaccines</b>		
Hepatitis A	Two doses at least 6 months apart	
Meningococcal-Menomune	One dose every 2-5 years, situation specific	
Meningococcal-Menactra	One dose, situation specific	
Rabies	3-5 doses for occupation or exposure	
<b>Travel Vaccines</b>		<b>Date(s) Given</b>
Typhoid		
Yellow Fever		
Japanese Encephalitis		

**Vaccines/Medications to be considered:** Recommendations vary by country- Check web site.

<b>Vaccine</b>	<b>Will need</b>	<b>May consider</b>	<b>Questions for the travel nurse:</b>
Tetanus Diphtheria			
MMR			
Varicella			
Polio			
Hepatitis A			
Hepatitis B			
Typhoid			
Rabies			
Meningococcal			
Yellow Fever			
Influenza			
Cholera			
Japanese Encephalitis			
Malaria Prophylaxis			
Travelers' Diarrhea Treatment			