AROUND-THE-WORLD VACCINATIONS
317 N. EL CAMINO REAL, SUITE 506
ENCINITAS, CA 92024

TELEPHONE (760) 436-3988
DATE _____

NAME _____ REFERRED BY _____

ADDRESS _____
Street City State Zip Code

Home Phone _____ Business Phone _____

Age _____ Date of Birth _____ Place of Birth _____

Departure Date _____ Return Date _____

ITINERARY

1. Country _____ Duration _____ Rural _____ Urban _____
2. Country _____ Duration _____ Rural _____ Urban _____
3. Country _____ Duration _____ Rural _____ Urban _____
4. Country _____ Duration _____ Rural _____ Urban _____
5. Country _____ Duration _____ Rural _____ Urban _____

PRIOR IMMUNIZATIONS (with dates)

_____ Diphtheria/Tetanus _____ MMR _____ Rabies

_____ Pneumonia _____ Meningococcal _____ Polio _____ Typhoid

_____ Hepatitis B _____ Yellow Fever _____ Flu

_____ Japanese Encephalitis _____ Hepatitis A _____ Chicken Pox _____ Other

Did you have any adverse reaction to any of the above? Yes _____ No _____

If you were born after 1957, have you had measles Yes _____ No _____

If not, have you been immunized against measles since 1980? Yes _____ No _____

ALLERGIES (chicken, eggs, sulfa medications or others):

1. _____ 3. _____

2. _____ 4. _____

Do you have a history of any of the following:

Psoriasis Yes _____ No _____ Seizure Disorder/Epilepsy Yes _____ No _____

Hepatitis Yes _____ No _____ Heart Rhythm Problems Yes _____ No _____

Do you take any of the following medications?

Quinidine Yes _____ No _____ Beta Blockers Yes _____ No _____ if yes, name _____

Quinine Yes _____ No _____ Anti-seizure Medication Yes _____ No _____

Are you pregnant or are you considering trying to become pregnant now or during your stay abroad? Yes _____ No _____

Are you currently taking any medications (including over-the-counter drugs)? Yes _____ No _____ If yes, please list:_____

Are you at risk for immune deficiency? Yes _____ No _____ Any history of depression? Yes _____ No _____