



Scripts Pharmacy's Immunization Services



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FOREIGN TRAVEL ITINERARY

The following questions will help us determine which immunizations are required, recommended or suggested for your foreign travel. If a question is not clear, please ask us to explain it.

NAME:		DOB:			
ADDRESS:		PHONE:	Email:		
Are family/friends traveling with you in need of immunizations also?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name(s):		DOB:			
FAMILY PHYSICIAN:		PHONE:			
EMERGENCY CONTACT:		CONTACT WHILE TRAVELING:			
Name:		Name:			
Phone:		Phone:			
TRAVEL HISTORY	YES	NO	N/A	NOT SURE	
1. Have you traveled outside of the country in the last 5 years? If yes, list destination, date: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you received immunizations for foreign travel previously? If yes, which immunizations and what were the approximate dates? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever had a serious reaction after receiving an immunization? If yes, which immunization, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a chronic health condition? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. During your prior travel did you suffer from any of the following?	<input type="checkbox"/> Traveler's Diarrhea	<input type="checkbox"/> Altitude Sickness	<input type="checkbox"/> Jet Lag	<input type="checkbox"/> Air/Motion Sickness	
	<input type="checkbox"/> Malaria	<input type="checkbox"/> Other: _____			
6. Please list all destinations and the dates of departure/return in the order you will be visiting them (BE SPECIFIC). Ex. June 1 st – June 9 th Mexico, Acapulco, Hotel Resort only. _____ _____ _____ _____					