

Cal Poly Pomona Student Health Travel Consultation Questionnaire

You must complete each section of this form prior to your appointment and bring with you on the date of your appointment. If it is not completed, your appointment may need to be rescheduled. Payment for vaccines and medication is due at the time of your visit.

Name _____ Bronco ID _____

A. Country/Countries to be visited (List in order of visit)

	<u>Arrival date</u>	<u>Departure date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

B. List all medication/material allergies: _____

C. List all current medications _____

D. List all chronic medical conditions _____

E. Are you currently being treated for or have you ever been treated for the following conditions?

Psychosis Y N Anxiety Disorder Y N Depression Y N

F. After reviewing the recommendations provided to you by Student Health Services, please indicate the vaccines and medications listed below that you wish to receive at your appointment.

Vaccinations – Check box before each vaccine you want to receive

- | | |
|---|---|
| MMR | Meningococcal |
| Tdap/Td—No charge | Yellow fever |
| Hepatitis A | Rabies (All 3 doses must be paid in full prior to visit.) |
| Hepatitis B | |
| Typhoid Pills | |
| Typhoid Injection (<i>Must be ordered prior to visit</i>) | |

Malaria Medication – Select one if applicable

- Malarone – Taken daily
- Mefloquine – Taken weekly
- Chloroquine – Taken weekly
- Doxycycline – Taken daily
- Primaquine – Taken daily
- I will NOT be visiting any areas at risk for malaria

Traveler's Diarrhea Medication – Check one if applicable

- Ciprofloxacin (Quinolone antibiotic effective in most countries)
- Azithromycin
- I decline prescription medication for Travelers' Diarrhea

Signature _____ Date _____

[Staff Use—Reviewed by: _____ Date _____