



JUPITER MEDICAL CENTER
1210 S. Old Dixie Hwy.
Jupiter, FL 33458
Occupational Health Department
(561)745-5787 Fax: (561)745-5713

INTERNATIONAL TRAVEL QUESTIONNAIRE

NAME _____

ADDRESS _____

TELEPHONE _____ CELL _____

Email _____

AGE _____ DATE OF BIRTH _____

GENDER: Male ___ Female ___ COUNTRY OF BIRTH _____

COUNTRIES TRAVELING TO (IN ORDER OF TRAVEL): *note specific regions or cities

1. _____

2. _____

3. _____

4. _____

5. _____

DEPARTURE DATE _____ LENGTH OF STAY _____

VISITING FAMILY OR FRIENDS? _____ LOCATION _____

ANIMAL CONTACT ON TRIP? _____

ADVENTUROUS DIETARY HABITS? _____

RECREATIONAL ACTIVITIES:

Cruise _____ Safari _____ Swimming _____ Diving _____ Hiking _____ Rafting _____

Camping _____ Biking _____ Cave Exploring _____ OTHER _____

REASON FOR TRAVEL: _____

HEALTH CARE WORKER OR VOLUNTEER? _____ SOLO TRAVELER? _____

PAST IMMUNIZATIONS? _____

ALLERGIES TO ANY MEDICATIONS? _____

CURRENT MEDICATIONS: _____

ALLERGIES TO ANY FOODS? _____

MEDICAL HISTORY: _____

WOMEN ONLY:

-Are you pregnant or might you become pregnant on the trip?

Yes _____ NO _____ Date of last menstrual period: _____

HIGH RISK TRAVELERS:

-On your trip will you Take Part in the Following Activities? (Place X for yes)

Acupuncture _____ Tattoo _____ Surgery _____ Dental Work _____

New Sexual Partner _____ Drug Use _____

Signature _____

Traveler

Date

Approved Medical Director _____

Signature

Date

Travel Nurse _____

Signature

Date