

Travel Medicine Questionnaire – Tuscaloosa Pediatrics

****Please fill out a separate form for each child**

Patient Name: _____ **Age:** _____ **DOB:** _____

Weight: _____ **Allergies (medicines, food):** _____

Current Medications (prescription and over the counter, dosage, indicate if taken daily or as needed):

Travel Destinations (please list all countries you will be visiting and be as detailed as possible to which cities and/or regions you will be visiting):

Date of Departure: _____ **Date of Return:** _____

Length of Stay in Each Area (if visiting more than one area):

Reason for Travel (circle all that apply): Vacation Business Mission/Volunteer Work
Adoption Visiting Family/Friends Study Abroad Other: _____

Type of Accommodations (circle all that apply) : Resort/Hotel Cruise Ship
Staying with Family/Friends Rural Village/Camping Other: _____

Has your Child received any immunizations at a location other than our clinic? YES NO

If Yes, then what vaccine, where, and when?

Does your child have a history of asthma or wheezing? YES NO

Does your child become easily carsick or seasick? YES NO

Updated 6/3/17

Have any particular immunizations or medications been recommended for your trip by others (tour company, church leader, adoption agency, etc.)? If so, then please list below:

Travel Medicine Statement – Tuscaloosa Pediatrics

There is a \$35.00 out of pocket charge per family for travel medicine recommendations due to the time and research it takes for your doctor to make an individualized care plan for your upcoming trip. Travel medicine recommendations vary greatly based on the area of the world and frequently change due to global outbreaks.

It is possible your doctor will want to see your child for an office visit if they have not had a recent well child checkup or if they have a chronic medical problem before making recommendations. In this case you will be responsible for the co-pay rather than the fee stated above.

We are not able to stock all vaccines that may be required for your trip. In that case, we would refer you to the local Health Department or the UAB Travel Medicine clinic for the needed vaccines.

If your doctor feels that you would be better served by seeing UAB Travel Medicine clinic and refers you there instead, you will not be charged a fee by us.

Many of the medications and immunizations required for travel are not covered by insurance so please be aware that you may have to pay out of pocket for those prescriptions and vaccines.

BY SIGNING, I AM STATING THAT THE ABOVE DOCUMENTED INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT I AM RESPONSIBLE FOR ALL COSTS NOT COVERED BY MY INSURANCE PLAN. I ALSO UNDERSTAND THAT IF I DECLINE ANY RECOMMENDED VACCINES OR MEDICATIONS, I MAY BE PLACING MY CHILD AT RISK FOR ILLNESS WHILE ABROAD.

Parent/Legal Guardian's Signature:

Date:
