

Wesleyan University Davison Health Center

Travel Consultation

Name: _____ Age: _____ Phone: _____ Box# _____

Medical History (including splenectomy, Diabetes, Sickle Cell Disease, immune deficiency, immune modulating drugs): _____

Current medications: _____

Medication allergies (including vaccines, anti-malarials): _____

Will you use/require contraception while abroad? Yes ___ No ___

Do you wish to take emergency contraception (Plan B) with you? _____

If your health insurance includes prescription coverage, please check with your insurer before your Health Center appointment to see whether or not your prescription plan includes travel vaccines (e.g., Rabies pre-exposure, Yellow Fever) and malaria prophylaxis. Need for vaccines and malaria prophylaxis depends on your travel itinerary. Knowing in advance what kind of prescription coverage you have will expedite your travel consult. Note: Wesleyan University's insurance does not cover any vaccines or prescription medication.

Itinerary (list countries and dates in anticipated order of travel)

City, Country: _____ Dates: _____

Type of travel/study (Please circle any that apply to you):

Classroom-based study	Family/friend visit	Independent travel
Adventure travel (incl. NOLS, Outward Bound, etc.)	Animal handling/study	Development work
	Field Study	

Details, including full name of program: _____

Type of accommodation (Please circle any that apply to you):

Apartment	Non-Urban Private Residence	Other
University Dorm	Primitive abode	
Urban Private Residence	Camping	

Details: _____

Previous travel to developing areas: _____

Do you need a pre-travel physical exam and/or forms completed? Yes ___ No ___

(You will need a separate appointment for this.)

Travel Vaccine History

(Circle those up to date)

Hepatitis A #1/#2
Hepatitis B #1/#2/#3
Influenza
Japanese encephalitis
Measles vaccine
Meningitis vaccine (Type?)

Polio (injection) (IPV)
Rabies pre-exposure
Tetanus/diphtheria (Td) or Tdap
Typhoid (injection, oral)
Varicella #1/#2 (or disease)
Yellow Fever

Vaccine Prices below subject to change – ask at front office

Immunizations

(Circle all prescribed)

Required

(available here)

Required

(not available here)

Yellow Fever (10 years)

Recommended

(available here)

Hepatitis A (\$55/dose; 2 doses, lifetime)
Hepatitis B (\$65/dose; 3 doses, lifetime?)
Influenza (\$40.00 1 year)

Tetanus (Td \$30; 5-10 yrs)
Meningitis (Menactra) (\$140; 5-8 years)
Tdap (\$48 one time, in place of Td)
Typhim Vi (injection) (\$105; 2 yrs)

Recommended

(not available here)

Japanese Encephalitis (3 doses, 2 years)
Pneumococcal (PPV)**
Rabies pre-exposure (3 doses, 2 years)
Yellow Fever (10 years)
Inactive Polio Vaccine (IPV) (lifetime)
Typhoid Oral **Live vaccine** (Vivotif)*
(-5 yrs) Rx only (pricing of \$76-84)

*contraindication if
immunocompromised.

**** Review Pneumococcal vaccine status in students who are immunocompromised (e.g., asplenia, sickle cell disease, diabetes).**

Medication/Prophylaxis Prescriptions

Malaria

Medication	Dose	Start Date	#	Directions	Rx Written
Chloroquine Phosphate	500mg			1 tablet <u>weekly</u> beginning 1-2 weeks before travel, continuing during travel, and for 4 weeks after leaving a malarious area. Take with food and 8 oz. water.	○
Mefloquine	250mg			As for Chloroquine, but begin 2-3 weeks before travel (assess tolerance, side effects).	○
Doxycycline	100mg			1 tablet <u>daily</u> beginning 1-2 days before travel, continuing during travel, and for 4 weeks after leaving a malarious area. Take after meal with a full glass of water. Use sunscreen with UVA/UVB protection.	○
Atovaquone/proguanil (Malarone)	Adult strength			1 tablet <u>daily</u> beginning 1-2 days before travel, continuing during travel, and for one week after leaving a malarious area. Take with food or milky drink.	○
					○

Diarrhea

Medication	Dose	Start Date	#	Directions	Rx Written
Oral Rehydration Therapy (ORT)	3 liters per day			Packets of oral rehydration solution are available in the pharmacies of most countries and can be mixed with clean drinking water. A similar solution can be made by adding 1/2 teaspoon of salt, 1/2 teaspoon of baking soda, and 4 tablespoons of sugar to one liter of water.	○
Loperamide	2mg			2 tablets initially, then 1 tab after each unformed stool. Maximum of 8 tabs/day (16mg).	○
Cipro	500mg			1 tablet twice a day for 3 days for severe diarrhea	○
Azithromycin	500mg			1 tablet daily for 3 days for severe diarrhea	○

High Altitude

Medication	Dose	Start Date	#	Directions	Rx Written
Acetazolamide <i>Do not use if Sulfa allergy!</i>	125 mg Q12h			1 tablet every 12 hours for 3 days, beginning day before ascent, on the day of ascent, and on the following day. If insomnia, may continue to take dose at bedtime for several more days.	○

Jet Lag / Motion sickness /Other

Medication	Dose	Start Date	#	Directions	Rx Written
					○
					○

Patient Education

Topic	Discussed
Vaccine indications, side effects and contraindications	<input type="radio"/>
Malaria prevention and treatment.	<input type="radio"/>
Importance of compliance with chemoprophylaxis.	<input type="radio"/>
Traveler's diarrhea prevention and treatment (safe food and water)	<input type="radio"/>
Other insect-borne disease prevention and treatment	<input type="radio"/>
Schistosomiasis prevention	<input type="radio"/>
Sun over-exposure prevention	<input type="radio"/>
Jet lag prevention	<input type="radio"/>
Altitude Illness prevention	<input type="radio"/>
Sexually transmitted infection prevention	<input type="radio"/>
Pandemic Influenza	<input type="radio"/>
Rabies	<input type="radio"/>
Tuberculosis	<input type="radio"/>
Personal safety	<input type="radio"/>
Medical care abroad / First Aid kit (Including obtaining supplies of regular or occasional medications)	<input type="radio"/>
Travel insurance/ Medical evacuation coverage	<input type="radio"/>
Post travel follow-up services including TB test 8-12 weeks after return.	<input type="radio"/>

Resources	Supplied
Travax traveler Information	<input type="radio"/>
CDC Health Information for International Travel URL (www.cdc.gov)	<input type="radio"/>
Travel products catalog	<input type="radio"/>
_____	<input type="radio"/>

Provider Signature

Date