

# 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)

Diphtheria/tetanus or Tdap  
Hepatitis A #1/#2  
Hepatitis B #1/#2/#3  
Japanese encephalitis  
Meningitis vaccine

Measles vaccine  
Polio (injection) (IPV)  
Rabies pre-exposure  
Typhoid (injection)  
Yellow fever

## Immunizations

(Circle all prescribed)

### Required

(available here)

### Required

(not available here)

Yellow Fever (10 years)

### Recommended

(available here)

### Recommended

(not available here)

Hepatitis A (\$55/dose; 2 doses, lifetime)  
Hepatitis B (\$55/dose; 3 doses, lifetime?)  
Inactive Polio Vaccine (IPV) (\$35; lifetime)  
Influenza (1 year)  
Meningitis (\$112; 8 years?)  
Tetanus (Td \$25; 5-10 yrs)  
Tdap (\$45 one time, in place of Td)  
  
Typhim Vi (injection) (\$60; 2 yrs)  
  
Typhoid Oral **Live vaccine** (Vivotif)\*  
(~5yrs) Rx only (price ~\$60)  
\* contraindicated if immunocompromised

Japanese Encephalitis (3 doses, 2 years)  
Pneumococcal (PPV)\*\*  
Rabies pre-exposure (3 doses, 2 years)

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

**Prices subject to change – ask at front office**

# 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.	<input type="radio"/>
Mefloquine	250mg			As for chloroquine, but begin 2-3 weeks before travel.	<input type="radio"/>
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.	<input type="radio"/>
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	<input type="radio"/>
					<input type="radio"/>

## 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.	<input type="radio"/>
Loperamide	2mg			2 tablets initially, then 1 tab after each unformed stool. Maximum of 8 tabs/day (16mg).	<input type="radio"/>
Cipro	500mg			1 tablet twice a day for 3 days for severe diarrhea	<input type="radio"/>
Azithromycin	500mg			1 tablet daily for 3 days for severe diarrhea	<input type="radio"/>

## 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.	<input type="radio"/>
					<input type="radio"/>

## Jet Lag / Motion sickness /Other

Medication	Dose	Start Date	#	Directions	Rx Written
					<input type="radio"/>
					<input type="radio"/>

# Patient Education

<b>Topic</b>	<b>Discussed</b>
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"/>
Avian/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"/>

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

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date