## Vitals:

**Date:** _____ Wt: _____ Ht: _____ Temp: _____

B/P: _____ P: _____ LNMP: _____ Smoke: Y / N

**Date:** _____ Wt: _____ Ht: _____ Temp: _____

B/P: _____ P: _____ LNMP: _____ Smoke: Y / N

**Date:** _____ Wt: _____ Ht: _____ Temp: _____

B/P: _____ P: _____ LNMP: _____ Smoke: Y / N

## Patient Education:

___General Information
___What to take
___Air travel / Jet lag
___Altitude sickness
___Food / Water concerns
___Personal health issues
___Traveler's diarrhea
___Hotel safety
___Malaria Rx info
___Pregnancy issues
___Air / Sea sickness
___Rabies
___Carry-ons
___Safety issues
___Country issues
___Insect precautions

## Vaccine Info Sheets Given:

___ Cholera
___ Flu
___ Hepatitis A
___ Hepatitis B
___ IG
___ Japan Enceph
___ Measles
___ Meningococcal
___ MMR
___ Pneumococcal
___ Polio
___ Rabies
___ Tetanus
___ Typhoid
___ Yellow Fever
___ _____

## Prescriptions given to patient:

___**Lariam** 250mg #1 q wk 1 wk before thru 4 wk after #____

___**Malarone** (62.5/25, 250/100 tabs) not less than 11 kg; 11-20kg – 62.5mg; 21-30kg – 125mg; >40kg – 250mg #1 qd 2 days before thru 7 days after #____

___**Lomotil** #2 tabs qid till diarrhea controlled get seen by medical as soon as possible #____

___**Transderm Scop** patch #1 q 4 days #____

___ _____ #____

___Benadryl OTC

___Senokot OTC

I have read and understand the written information given to me and I have discussed with my provider the benefits and risks of the various vaccines noted below which are required and/or recommended for my protection while traveling abroad. I have had a chance to ask questions which were answered to my satisfaction. I request that these vaccines be given to me or the person named here _____ for whom I am authorized to make this request.

**Signer's relationship to Patient:**

Self / Father / Mother / Guardian

## Immunizations Given:

| Date | Vaccine | Dose | Lot # | Exp | Site | Givers Sign. |
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## Vaccine Consent:

| Date | Vaccine | Signature |
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**Provider's Signature:** _____