

## Illness after International Travel

Date \_\_\_\_\_

Name \_\_\_\_\_

(if minor, name of parent/guardian) \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Primary Physician \_\_\_\_\_

What were the dates of your trip (departure and return)? \_\_\_\_\_

Which countries did you visit (include stopovers longer than 8 hours)?

\_\_\_\_\_

What was the current season of the year in the places you visited?

\_\_\_\_\_

Circle all your modes of travel while on your trip: airplane, cruise ship, local water transportation, sailboat cruise, train, animal pack, private car, tour bus, walk/cycle/in-line skate, city transportation, other

\_\_\_\_\_

Where you exposed to (circle all that apply) ill people, animals, biting insects?

Describe the type of foods and liquids you consumed (restaurant, home-cooked, street vendor, out-door cooking, etc.) \_\_\_\_\_

\_\_\_\_\_

Briefly describe your symptoms

\_\_\_\_\_

\_\_\_\_\_

When did your symptoms begin? \_\_\_\_\_

Did you seek and obtain medical care on your trip? Yes/no

Describe the treatment given to you and by whom \_\_\_\_\_

\_\_\_\_\_

Have you received medical care since you returned home? Yes/no

Who provided the care and when? \_\_\_\_\_

What are your current medications (include over the counter medications)

\_\_\_\_\_

What are the names of the medications that you took while on your trip (include over the counter medications) \_\_\_\_\_

\_\_\_\_\_

Did you experience any body fluid contact, including unprotected sex? Yes/no

Describe \_\_\_\_\_

\_\_\_\_\_