

Michigan Avenue Internists - Travel Health Questionnaire

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Dates of your trip: _____

Where are you going and how long will you stay in each area?

Are you transiting through any other countries; if yes where?

Why are you traveling:

- Leisure
- Adventure
- Visiting friends/relatives
- Business
- Humanitarian/Missionary
- Other _____

What do your plans include:

- Organized excursions
- Safari
- Mountain climbing
- River rafting
- Scuba/Snorkeling

Where are you staying:

- Urban
- Resort/Hotel
- Camping/Austere
- Rural

We need to know about you and your trip; this helps us determine what your risks are and what recommendations are best for you.

Please indicate if you have any of the following; If so please describe:

- Heart Disease _____
- Kidney Disease _____
- Lung Disease _____
- Diabetes _____
- Other _____

Allergies:

- Eggs
- Bees
- Medications _____

- Other _____

Immunocompromised:

Spleen removed _____ Yes _____ No

Transplant recipient _____ Yes _____ No

Receiving chemotherapy _____ Yes _____ No

HIV _____ Yes _____ No

Mental Health:

- Depression
- Anxiety
- Bipolar
- Other _____

Surgeries:

- Any surgery in the last year; if so please list

Pregnancy:

Are you currently pregnant or plan to get pregnant during travel:

Currently _____ Yes _____ No _____ Due date

Plan to get pregnant during travel _____ Yes _____ No

If we do not have your medical records, please bring them with you at time of visit.

Please bring your "Yellow" International Certificate of Vaccination and COVID-19 vaccine cards at time of visit.