**Travel Immunizations Information for Patients**

Welcome to Whitney M. Young, Jr. Health Center! We would like to provide you with information that will help you complete the travel immunization process as easily as possible. It is best to schedule our travel immunizations 4-6 weeks before your trip, especially if you need a series of injections. Also, it is important to know that it take about two weeks for full immunity (protection from disease) to develop.

**Additional information can be obtained by accessing the following websites:** [www.cdc.gov/travel](http://www.cdc.gov/travel) or [www.healthlytraveler.com](http://www.healthlytraveler.com).

Enclosed, you will find a price list so you can see the potential cost of the visit and immunizations. It is important to understand that payment is required at the time of service (cash, check, or credit card) since most insurers, including Medicaid, don’t cover these costs. Also, be aware that a parent or guardian must accompany all minor children (<18 years of age) for their travel immunizations.

**Please bring the following to your appointment:**

* A list of the medications you take (include birth control pills, vitamins, and herbal remedies)
* A list of previous immunizations (if possible, please bring in the yellow international Immunization booklet if previously used).

Please arrive approximately 30 minutes early for your appointment. This will allow time for registration/check in. You will be asked to pay $50.00 at point of check-in. Once you have spoken with the Medical Provider and reviewed your travel itinerary and the purpose of the travel the Provider will discuss with you the required and recommended immunizations based on these factors. You will be given prescriptions for these immunizations and will be directed to the Pharmacy or front desk to make a payment for the medication. You will then return to the exam room where the immunizations will be given by the nurse.

Some immunizations are a series of injections, so you may be given a follow up appointment for this purpose. Please remember, each visit and immunization has a separate charge and payment is expected at the time of the visit. If you have records of previous immunizations, please bring them with you to help cut down on unneeded vaccinations.

**International Travel Form**

*Please complete this questionnaire prior to appointment.*

**Travel Plans:**

* Date of departure from USA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mode: Air\_\_\_\_ Cruise\_\_\_\_ Car\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Destination | Arrival Date | Departure Date | Length of Stay | Areas/Places Visiting |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* **Will you be**
  1. Traveling in areas outside usual tourist destinations? Y/N
  2. Be doing any work with risk of blood exposure? Y/N
  3. Working with farm animals or likely to be in contact with wildlife? Y/N
* **Previous foreign travel history:** (Please list the countries visited, Immunizations received with dates, and any health problems encountered during your trip)

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* **Previous routine immunization dates:**

MMR: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Pneumococcal: \_\_\_\_\_ Influenza: \_\_\_\_\_ Other: \_\_\_\_\_

* **Medical Conditions for which you are being treated:** (Note: Certain medical conditions, including cancer chemotherapy, HIV Infection, Liver or kidney disease, blood disorders including glucose 6 phosphate dehydrogenase deficiency, irregular heartbeats or depression may make it unsafe to get certain vaccinations or medications for travel, so it is important to complete this section accurately)

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* Prior major hospitalizations or surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Allergies:**

Name of medications and type of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies, particularly egg allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **For Women:**

Date of last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you or could you currently be pregnant? Y/N

Currently using contraception? Y/N Breastfeeding? Y/N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name DOB**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**Travel Immunizations Price List**

|  |  |
| --- | --- |
| **Immunization** | **Price** |
| Flu | $17 |
| Hepatitis A | $99.97 |
| Hepatitis B | $80.97 |
| TD(Tetanus & Diphtheria) | $65.97 |
| Pneumococcal | $50 |
| MMR | $60 |
| Varicella | $99 |
| TDap | $50 |
| PPD | $13 |
| HPV-Gardasil | $181 |
| DTap | $27 |
| Polio | $41.97 |
| Typhoid Oral | $69.97 |
| Typhoid VI(not currently available) | $91.97 |
| Yellow Fever | $127 |
| Meningococcal | $176.97 |

|  |  |
| --- | --- |
| **Visits** | **Price** |
| Initial Travel Visit | $50 |
| 2ND Travel Visit within a year | $30 |

**\*These are prices as of 12/04/2012 and are subject to change.**

**For exact prices call 518-465-4771 prior to visit.**