

TUALITY PHYSICIANS TRAVEL IMMUNIZATION CLINIC

Thank you for making an appointment in our travel clinic. During your visit, we will be reviewing recommendations from the Centers for Disease Control on vaccines and medications that may be required or recommended for the areas you will be visiting. In order to make your visit as efficient as possible, the following information is needed ahead of time so that we may prepare your complete trip packet.

Please complete this following form and fax or mail to us at least 5 days before your visit. We charge \$99.00 for travel exams that must be paid at the time of the visit (immunizations extra). 24 hour appointment cancellation notice is REQUIRED. Thank you for your business. We look forward to seeing you soon!

Patient name: _____ Date of Birth _____

Contact Phone Number: _____ - _____ - _____

Street Address: _____ State: _____ Zip Code: _____

Credit Card Number:

(required – appointments cancelled without 24 hour notice will be charged \$99.00)

Cardholder Signature: _____

Date of Departure from U.S: ____ / ____ / ____ Date of Return to U.S: ____ / ____ / ____

What countries will you be traveling to?

1. _____
2. _____
3. _____
4. _____
5. _____

Will you be traveling for business or pleasure? _____

Will you be staying in the main tourist areas or will you be in rural areas not frequented by tourists? _____

Pregnancy possible? _____

Known Medication Allergies:

Please list the dates that you received the following vaccines if you know them. Please note if you have never had the vaccine:

Hepatitis A (2 shots series):

Hepatitis B (3 shot series):

Tetanus:

Yellow Fever:

Japanese Encephalitis:

Polio:

Typhoid Fever:

Measles, Mumps, Rubella:

Please fax to 503-648-8982 or mail to: 900 SE Oak St. # 202, Hillsboro, OR 97123