



The New York Center for Travel and Tropical Medicine  
110 East 55<sup>th</sup> Street, 16<sup>th</sup> Floor  
New York, NY 10022  
Phone: (212) 734 - 3000  
Fax: (855) 779 - 6098

## TRAVEL FEE SCHEDULE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### *For Internal Use*

- \$125 Pre-Travel Consult, per trip
- \$35 International Certificate of Vaccination (ICV)
- \$35 Phlebotomy (Blood Draw)
- \$35 Vaccination administration fee

### PER DOSE PRICE

- \$90 Polio (IPV)
- \$85 Tetanus/Diphtheria/Pertussis (Tdap)
- \$95 Typhoid: Typhim Vi
- \$95 Hepatitis A (series of 2 at \$95 *each*)
- \$95 Hepatitis B (series of 3 or 4 at \$95 *each*)
- \$155 Hepatitis A&B combination (Twinrix) (series of 3 or 4 at \$155 *each*)
- \$195 Yellow Fever
- \$165 Meningococcal (Menveo)
- \$325 Rabies (pre-exposure series of 3 doses at \$325 *each*; **\$975 TOTAL**)
- \$315 Japanese Encephalitis (series of 2 doses at \$315 *each*; **\$630 TOTAL**)
- \$185 Pneumococcal: Pneumovax or Prevnar-13
- \$65 Influenza, quadrivalent, trivalent or high dose
- \$265 Cholera Oral Vaccine

#### Travelers' Diarrhea

- Azithromycin
- Ciprofloxacin
- Rifaximin

#### Altitude Illness

- Acetazolamide
- Dexamethasone
- Nifedipine

#### Malaria - Prevention

- Atovaquone/proguanil (Malarone)
- Mefloquine
- Doxycycline

#### Malaria - Self-treatment

- Atovaquone / Proguanil (Malarone)
- Artemether/lumefantrine (Coartem)

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THIS FEE SCHEDULE AND I WILL BE GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

Signature \_\_\_\_\_





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## Travel Questionnaire

Referred by \_\_\_\_\_

I am a returning patient

Name \_\_\_\_\_  
*Last First Middle Initial*

Address \_\_\_\_\_  
*Number, Street Apt #*

\_\_\_\_\_  
*City State Zip Code*

Telephone:

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Pharmacy Information** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

*\* If you want a follow-up letter sent to your primary care physician/referring doctor, complete this section\**

I do not wish to have a report sent to my physician OR I do not have a physician

Physician's Full Name

\_\_\_\_\_  
*First Name Last Name*

Address \_\_\_\_\_  
*Number, Street Apt/Suite/Floor #*

\_\_\_\_\_  
*City State Zip Code*





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## Health History

### Current Prescriptions, Over-The-Counter Medications and Herbal Supplements

Medication	Reason for use / medical condition

### Pertinent Medical and Surgical History

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#### Allergies (check all that apply)

- Antibiotics (please specify \_\_\_\_\_)
- Other medications       Eggs
- Latex       Gelatin       Yeast
- Bees / wasps       Seasonal       Other \_\_\_\_\_
- Side effects/ reactions from previous medications (name medications):  
\_\_\_\_\_

#### Health History (check all that apply)

- Steroids by mouth within last 3 months       Spleen removed
- Immune suppressive medications or treatments within past year
- Thymus disease, thymectomy or Myasthenia Gravis       Organ, bone marrow, stem cell transplant
- HIV/AIDS       Other

#### Kidney, Neurologic/psychiatric and OG/GYN Conditions (check all that apply)

- Kidney insufficiency       Anxiety / depression       Pregnant?
- Seizures or epilepsy       History of Guillain-Barre       Planning to become pregnant?

Please bring all vaccination records to your appointment





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### Travel Details

I am not traveling

**Purpose of Trip** (Check all that apply)

- Vacation     
  Education/Research     
  Visit friends or family     
  Volunteer/Relief Work  
 Work (Urban, office-based)     
  Work (rural, outdoors or in local community)     
  Relocation  
 Other: \_\_\_\_\_

Planned Activities: \_\_\_\_\_

**Will you be:**

- Visiting areas that are:
  - Rural       Urban       Primitive or remote
- Ascending to high altitudes (8,000 ft or higher?)  Yes  No
- Working with potential exposure to bodily fluids (e.g., medical or dental work?)  Yes  No
- Work with exposure to animals?  Yes  No

**Accommodations** (check all that apply)

- Resort / large hotel     
  Small hotel / guest house     
  Cruise ship  
 Private home (with locals)     
  Private home (with relatives)     
  Primitive camping  
 Up-scale camp/lodge     
  Dormitory/hostel     
  Other \_\_\_\_\_

Dates	City and Country	# Days in each location

