

**DiLorenzo TRICARE Health Clinic**  
**Allergy / Immunizations / Travel Medicine Clinic**  
**Phone: 703.692.8976**  
**Fax:703.692.1160**

**Welcome to the Travel Clinic!**

**We ask that you take a few minutes and fill out the enclosed screening forms so that we may provide the most comprehensive services available. If your responses indicate that your itinerary or your medical condition warrants a consultation with a preventive medicine physician, we will work with you to arrange the appointment. It is our utmost concern that you are given the appropriate information and preventive services to make sure you return safely, and bring nothing back but souvenirs.**

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**Please print your name legibly here**

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**Your agency name**

**Are you AD or Retired? If so, where are you enrolled?** \_\_\_\_\_

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**What is your email address? (In case we need to reach you later.)**

**DiLorenzo TRICARE Health Clinic**  
**Travel Medicine Clinic**  
**Phone: 703.692.8976**  
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Date: \_\_\_\_\_

**Traveler information: If your family will be going with you, please add their info after yours.**

SSN *= sponsor SSN	Last Name	First Name	Age	Gender (m/f)	FMP (20,30,01 etc.)
A					
B					
C					
D					
E					
F					

<b>Sponsor Rank:</b>	<b>Sponsor Unit:</b>
Is this a PCS move? Yes No	<b>Occupation:</b>
If yes, are you a Military Attaché? Yes No	If yes, have you seen the Pharmacist yet? Yes No
<b>Mailing address:</b>	<b>Day Phone:</b>
	<b>Evening Phone:</b>

Please answer Y for yes or N for no.

A	B	C	D	E	F	Travel screening questions for contraindications:	Comments
						Are you allergic to any medications?	
						Have you ever had a bad reaction to eggs, neomycin or thimerosal?	
						Do you have any medical conditions?	
						Have you had a fever in the last week?	
						Have you ever had a problem with your heart rhythm?	
						Have you ever had hepatitis?	
						Have you ever taken any medicines to prevent or treat malaria?	
						Were you born outside the U.S. or have you lived overseas for more than 6 months?	
						For Women only: Could you be pregnant? Trying to get pregnant or are you breastfeeding?	

Sponsor Name: \_\_\_\_\_

<b>For the following questions, check all that apply</b>			
<b>What kind of areas do you plan to stay in or visit during this trip?</b>			
Major Cities <input type="checkbox"/>	Tourist sites <input type="checkbox"/>	Remote or untraveled areas <input type="checkbox"/>	Not sure <input type="checkbox"/>
<b>What kinds of accommodations do you anticipate for your stay overseas?</b>			
First class hotel <input type="checkbox"/>	Small hotel <input type="checkbox"/>	Official quarters <input type="checkbox"/>	Private home <input type="checkbox"/>
Field setting <input type="checkbox"/>	Other <input type="checkbox"/> <input type="checkbox"/>		
<b>What kinds of beverages do you think will be available?</b>			
Carbonated <input type="checkbox"/>	Bottled or canned <input type="checkbox"/>	Coffee or tea <input type="checkbox"/>	City water <input type="checkbox"/>
Field Water <input type="checkbox"/>			
<b>What forms of contact with indigenous people do you expect?</b>			
Meetings <input type="checkbox"/>	Social gatherings <input type="checkbox"/>	Indoor crowds <input type="checkbox"/>	Physical contact <input type="checkbox"/>
Proximity to young children <input type="checkbox"/>			
<b>What kinds of environmental exposures do you anticipate?</b>			
Animal contact <input type="checkbox"/>	Insects <input type="checkbox"/>	High altitude <input type="checkbox"/>	Dust or pollen <input type="checkbox"/>
Temperature extremes <input type="checkbox"/>	Lakes or streams <input type="checkbox"/>	Poor sanitation <input type="checkbox"/>	
Other:			

<b>Is this your first trip abroad?</b>	<b>YES</b>	<b>NO</b>
<b>If not, do you consider yourself an experienced traveler?</b>		

**Do you have any particular concerns about your upcoming trip? If so please indicate them below:**

Sponsor name \_\_\_\_\_

**TRAVEL ITINERARY**

Country	City or Province	Length of expected stay	Any specific activities planned for this location?
A.			
B.			
C.			
D.			
E			
F			
G			
H			
I			
J			

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

