



UNM Student Health & Counseling (SHAC)
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International Pre-Travel Questionnaire

FOR TRAVELERS WITHOUT A UNM NET ID

Patient Information

Date: _____

Name (Last, First, MI):		Gender:
Age:	Date of Birth:	Native Country:

PATIENT – PLEASE COMPLETE

ITINERARY:

List in order the countries you plan to visit. Indicate the month during which you will travel and # of days you will spend in each country. Include countries **en route**.

NAME OF CITY AND COUNTRY	Month/Year	Length of Stay
1.		
2.		
3.		
4.		
5.		
6.		

Date of Departure from Albuquerque: _____ Date of Return to United States: _____
Date of Departure from United States: _____ Total Travel Time to Destination: _____

Check each travel category applicable to your trip:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Trip Leader – Study Abroad Program or UNM Sponsored Program (Without a UNM Net ID)
<i>NAME OF PROGRAM:</i>
_____ | <input type="checkbox"/> Affluent Tourism (hotels in urban or resort areas, hostels, “pension,” with minimal daytime rural travel) |
| <input type="checkbox"/> Traveling Companion – Not a UNM Student, Staff, Faculty Member, or Retiree (and/or does not have a UNM Net ID) | <input type="checkbox"/> Business/Professional travel |
| | <input type="checkbox"/> Rural/Adventure travel |
| | <input type="checkbox"/> Visiting Family or Friends |
| | <input type="checkbox"/> National Exchange Student (Not a UNM Program) |
| | <input type="checkbox"/> Leisure Travel |
| | <input type="checkbox"/> Missionary |
| | <input type="checkbox"/> OTHER _____ |

Indicate all activities you will participate in during your trip:

- | | | |
|-------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Animal handler | <input type="checkbox"/> Medical Professional: | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Anthropologist | <input type="checkbox"/> Nurse, Physician, Physician Assistant | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Archaeologist | <input type="checkbox"/> Nurse Practitioner, etc. | _____ |
| <input type="checkbox"/> Biologist | <input type="checkbox"/> Missionary | |
| <input type="checkbox"/> Cycling/Motor Bike | <input type="checkbox"/> Spelunker | |
| <input type="checkbox"/> High Altitude Trekking | <input type="checkbox"/> Veterinarian | |

Are you currently under the care of a doctor or other healthcare provider, including care for psychological conditions? ___ Yes ___ No
If yes, please indicate who you are seeing and for what condition.

List any recent or continuing health problems:

Ongoing Medical Conditions – Please check all that apply:

- | | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis or Liver Disease | <input type="checkbox"/> Splenectomy (Spleen removed during operation) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> HIV Infection | <input type="checkbox"/> Ulcerative Colitis or Crohn's Disease |
| <input type="checkbox"/> Diabetes: Please note your treatment regimen:
_____ | <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Diarrhea, Constipation or Other Stomach /
Bowel Conditions | <input type="checkbox"/> Pregnancy | OTHER:
_____ |
| <input type="checkbox"/> Eye Conditions | <input type="checkbox"/> Psoriasis | |
| <input type="checkbox"/> Heart Disease or Arrhythmia | <input type="checkbox"/> Psychiatric Disorder | |
| | <input type="checkbox"/> Seizure Disorder or Epilepsy | |
| | <input type="checkbox"/> Sickle Cell Disease | |

Please indicate if you have ever suffered from, been treated for, or hospitalized for any of the following:

- | | |
|----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Any Mental Health Condition (e.g., Depression, Anxiety, etc.) | OTHER:
_____ |
| <input type="checkbox"/> Eating Disorders | |
| <input type="checkbox"/> Substance Abuse (Drugs or Alcohol) | |

Are you taking or have you taken medication for any mental health conditions above? ___ Yes ___ No If yes, please list medications:

List any medication allergies and the reaction you have. Enter NKDA (No Known Drug Allergies) if you do not have any.

Please indicate if you have an allergy or reaction to any of the following:

- | | | |
|---------------------------------------------------|-----------------------------------------------|-----------------|
| <input type="checkbox"/> Allergy Injections | <input type="checkbox"/> Penicillin | OTHER:
_____ |
| <input type="checkbox"/> Bee or Insect Stings | <input type="checkbox"/> Seafood/Shellfish | |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Sulfa Drugs | |
| <input type="checkbox"/> Food – Specify:
_____ | <input type="checkbox"/> Sun or Heat Exposure | |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Vaccines | |

Do you carry or have used adrenalin (epinephrine) for emergencies such as insect bites or food allergies (e.g., shellfish)? Yes ___ No ___

Do you or have you had any history of strange dreams, nightmares, or insomnia? ___ Yes ___ No

Do you smoke? ___ Yes ___ No

Have you ever fainted after receiving an immunization or a blood draw? ___ Yes ___ No

Have you had any problems taking malaria medication in the past? ___ Yes ___ No

Are you, will you, or have you taken steroids, prednisone, cortisone, or anti-cancer drugs? ___ Yes ___ No

Have you taken an antibiotic in the past three weeks, or are you currently taking an antibiotic? ___ Yes ___ No

Please list any prescribed or over-the-counter medications, supplements, or herbal remedies:

Prescription:

Over-the-counter:

Supplement &/or Herbal:

Please list any surgical procedures you may have had and their dates:

Is there anything else we should know?

Females Only: Please answer the next three questions:

1. Are you pregnant or planning to become pregnant within the next 3 months or while on this trip? ____ Yes ____ No
2. Are you currently breastfeeding? ____ Yes ____ No
3. Are you or will you be taking oral contraceptives? ____ Yes ____ No

Do you have any questions or concerns regarding your travel situation, travel health, or your personal health?

Please provide complete emergency contact information—name, address, city, state, zip, area code, best phone number(s), and email address.

By my signature below I certify that my responses on this form are complete, true, and accurate. I also understand that if I experience any changes in my health prior to my travel, that I will contact SHAC or my primary care provider immediately.

Patient Signature: _____ Date: _____

UNM Student Health & Counseling (SHAC)

SHAC Pre-Travel Information

for Travelers WITHOUT UNM ID (Traveling Companions & Adult Family Members)

Not Associated With UNM-Sponsored Programs or Study Abroad

- **If you do not have a UNM Net ID**, please bring your completed Travel Questionnaire form and your immunization records to your appointment. This information should be complete and accurate. Failure to disclose health problems may have serious medical consequences while abroad.
- Remember to bring your immunization records with you for verification. We will not be able to provide or complete a travel plan for you unless you bring your records matching what you have entered.
- You may want to check with your insurance company prior to your visit to see if you have any coverage for travel immunizations or medications.
- If you have forms that need to be completed prior to your travel, please bring them with you for your travel appointment.
- If a program requires a physical exam, laboratory studies, or specific medical documentation, please inform Reception Staff when making your appointment. Please be aware you may require more than one appointment.
- You should print a copy of these forms and the Pre-Travel Questionnaire to keep with your passport and travel documents in case of an emergency or to provide to a healthcare provider abroad.

Additional Tips and Reminders

- Failure to disclose health problems/concerns may have serious medical consequences while abroad. Discuss your health history candidly at your pre-travel appointment.
- UNM Student Health and Counseling (SHAC) or your primary care provider must be informed of any recent medical or special needs or change in health that occurs before the start of the trip.