# International Pre-Travel Questionnaire

## FOR TRAVELERS WITHOUT A UNM NET ID

### Patient Information

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<th>Date:</th>
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<tr>
<th>Name (Last, First, MI):</th>
<th>Gender:</th>
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<tr>
<th>Age:</th>
<th>Date of Birth:</th>
<th>Native Country:</th>
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## 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**.

<table>
<thead>
<tr>
<th>NAME OF CITY AND COUNTRY</th>
<th>Month/Year</th>
<th>Length of Stay</th>
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<tr>
<th>Date of Departure from Albuquerque:</th>
<th>Date of Return to United States:</th>
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<tr>
<th>Date of Departure from United States:</th>
<th>Total Travel Time to Destination:</th>
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### Check each travel category applicable to your trip:

- [ ] Trip Leader – Study Abroad Program or UNM Sponsored Program *(Without a UNM Net ID)*
  
  **NAME OF PROGRAM:**

- [ ] Affluent Tourism (hotels in urban or resort areas, hostels, “pension,” with minimal daytime rural travel)

- [ ] Business/Professional travel

- [ ] Rural/Adventure travel

- [ ] Visiting Family or Friends

- [ ] National Exchange Student *(Not a UNM Program)*

- [ ] Leisure Travel

- [ ] Missionary

- [ ] Missionary

- [ ] OTHER

### Indicate all activities you will participate in during your trip:

- [ ] Animal handler

- [ ] Anthropologist

- [ ] Archaeologist

- [ ] Biologist

- [ ] Cycling/Motor Bike

- [ ] High Altitude Trekking

- [ ] Medical Professional: Nurse, Physician, Physician Assistant

- [ ] Nurse Practitioner, etc.

- [ ] Missionary

- [ ] Spelunker

- [ ] Veterinarian

- [ ] Water Activities

- [ ] OTHER
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:

____ Anemia
____ Asthma
____ Autoimmune Disorder
____ Diabetes: Please note your treatment regimen:

____________________________________

____ Diarrhea, Constipation or Other Stomach / Bowel Conditions
____ Eye Conditions
____ Heart Disease or Arrhythmia

____ Hepatitis or Liver Disease
____ High Blood Pressure
____ HIV Infection
____ Migraines
____ Pregnancy

____ Psoriasis
____ Psychiatric Disorder
____ Seizure Disorder or Epilepsy

____ Sickle Cell Disease

____ Splenectomy (Spleen removed during operation)
____ Thyroid Condition
____ Ulcerative Colitis or Crohn’s Disease

OTHER:

________________________________________________________________________________________________________________

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

____ Any Mental Health Condition (e.g., Depression, Anxiety, etc.)

___ Eating Disorders

___ Substance Abuse (Drugs or Alcohol)

OTHER:

________________________________________________________________________________________________________________

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:

____ Allergy Injections
____ Bee or Insect Stings
____ Eggs

____ Food – Specify: __________________________

____ Insect Bites

____ Penicillin
____ Seafood/Shellfish

____ Sulfas Drugs

____ Sun or Heat Exposure

____ Vaccines

OTHER:

________________________________________________________________________________________________________________

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.