International Pre-Travel Questionnaire

For Faculty/Staff Travelers Without a UNM NET ID

Patient Information

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<th>Name (Last, First, MI):</th>
<th>Gender:</th>
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<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.

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<th>NAME OF CITY AND COUNTRY</th>
<th>Month/Year</th>
<th>Length of Stay</th>
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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:

___ 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 __________________
___ 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)

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/Shelfish
___ Sulfur Drugs
___ Sun or Heat Exposure
___ 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:

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<th>Over-the-counter:</th>
<th>Supplement &amp;/or Herbal:</th>
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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: ______________________________
SHAC Pre-Travel Information
for Staff/Faculty Travelers WITHOUT UNM ID

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.