# International Pre-Travel Questionnaire

## FOR TRAVELERS WITHOUT A UNM NET ID

### Patient Information

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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.

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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
- [ ] 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.
- [ ] Other Medical Professional(s)
- [ ] 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 ___ Hepatitis or Liver Disease ___ Splenectomy (Spleen removed during operation)
___ Asthma ___ High Blood Pressure ___ Thyroid Condition
___ Autoimmune Disorder ___ HIV Infection ___ Ulcerative Colitis or Crohn’s Disease
___ Diabetes: Please note your treatment regimen:
_______________________
___ Diarrhea, Constipation or Other Stomach / Bowel Conditions ___ Psoriasis
___ Eye Conditions ___ Psychiatric Disorder
___ Heart Disease or Arrhythmia ___ Seizure Disorder or Epilepsy

___ Sickle Cell Disease

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.) OTHER:
___ 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:
___ Penicillin
___ Seafood/Shelfish
___ Sulfa Drugs
___ Sun or Heat Exposure
___ Insect Bites
___ 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>Prescription:</th>
<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: _________________________________
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.