Georgia Infectious Disease, PC
Post Travel Evaluation

Name: _____ **Date of Birth** _____

GAID MRN _____ **Today's Date** _____

Country of travel	Arrival date in Country	Departure Date	Length of Stay	Arrival in USA

What brings you to the clinic today?

Do you have any ongoing or chronic medical problems (i.e. diabetes, hypertension etc)? YES NO

If Yes please list problems:

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Previous Immunizations (please indicate all that apply, giving year if known)

Immunization		Year
Yellow Fever		
Cholera		
Typhoid		
Tentanus-diptheria (Td)		
Tentanus-diptheria-pertussis (Tdap)		
Gamma Globulin		
BCG (vaccine for tuberculosis)		
Hepatitis A series		
Hepatitis B series		
Polio (oral or injectable)		
Japanese B encephalitis		
Rabies series		
Measles/Mumps/Rubella (MMR)		
Meningococcal		
Pneomoccal pneumonia		
Zoster (shingles)		
Seasonal Influenza		
H1N1 influenza		

Did you hake any anti-malarial prophylaxis while traveling abroad?
YES NO

If yes, what did you take, and for how long?

Medication	**How long? (days, weeks, months)**

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Dr. Mitchell A Blass
Dr. Margaret Williamson

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Geographical conditions (please check all that apply)

Savanah	
Rainforest	
Desert	
Mountians (elevation)	
Other	

Living Conditions

Major City only	
Rural Area only	
Both	

Housing (please check all that apply)

Mission Compound	
Hotel(s) (circle) 1st 2nd 3rd 4th class	
Local Dwellings	
Camping	

Invasive Procedures:
Please indicate any invasive medical prcedures you have undergone while away, and the yaer they were performed. (i.e. injections, dental or surgical)

Procedure	**Year**

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Please liist any antibiotics or other medications, including over-the-counter medicines you took while away

Nutrition (please check all that apply)

MEALS	
Homemade	**Yes No**
Restaurants	**Yes No**
Local homes or street vendors	**Yes No**
Did you at any timedrink unpateurized milk or cheese	**Yes No**
DID YOU AT ANY TIME EAT POORLY COOKED OR RAW:	
Vegetables	**Yes No**
Pork	**Yes No**
Beef	**Yes No**
Seafood	**Yes No**
Other	**Yes No**
WATER SOURCE	
Tap	**Yes No**
Well	**Yes No**
Lake, River	**Yes No**
Bottled	**Yes No**
Did you drink water that was untreated or unboiled?	**Yes No**

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Exposure to parasitic diseases
Did/were you exposed to any of the following?

Walk barefoot	**Yes No**
Close contact with wild or domsetic animals	**Yes No**
Mosquito bite	**Yes No**
Sandfly bite	**Yes No**
Ticke bite	**Yes No**
Tse Tse Fly bite	**Yes No**

Did you have any contact with *fresh water* from lakes, streams, or rivers for example wading, bathing, swimming, etc?
If yes, please indicate where being as specific as you can.

YES NO	**Location and description**

Type of Travel (check all that apply

Short Term Business (<1 month)	
Long Term Business	
Leisure	
Missionary or volunteer	

Did you receive Pre-Travel education? **YES NO**

If yes, what was your primary source of information?
(please provide contact information if possible)

Travel Clinic		
Primary Care Provider		
Health Department		
Internet		
Other		

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Were you given information about the following?

Malaria	**Yes No**
Diarrhea	**Yes No**
AIDS/STD's	**Yes No**
Hepatitis A	**Yes No**
Hepatitis B	**Yes No**
Dengue fever	**Yes No**
Schistosomiasis	**Yes No**

Did you receive information about the following

Mosquito nets	**Yes No**
Insect Repellent	**Yes No**
Window/Door Screens	**Yes No**
Covering skin	**Yes No**
None	**Yes No**

Did you experience any of the following:

Fever for three (3) days or less	**Yes No**
Fever for more than three (3) days	**Yes No**
Diarrhea for two (2)days or less	**Yes No**
Diarrhea for more that two (2) days	**Yes No**
Diarrhea episodes 1-3	**Yes No**
Diarrhea episodes 4-10	**Yes No**
Diarrhea episodes more than 10	**Yes No**
Diarrhea with fever	**Yes No**
Diarrhea with blood stool	**Yes No**
Respiratory infection for less than five (5) days	**Yes No**
Respiratory infection for more than five (5) days	**Yes No**
Respiratory infection/Chest X-ray showing pneumonia	**Yes No**
Sinusitis	**Yes No**
skin infection	**Yes No**
Rash	**Yes No**
Hepatitis/Yellow jaundice	**Yes No**
Injuries	**Yes No**

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net

Georgia Infectious Disease, PC
Post Travel Evaluation

Is there anything else you would like to report:

What are you most concerned you may have contracted while traveling?

Thank you for your patience in completing this form

Dr. Mitchell A Blass
Dr. Margaret Williamson

Georgia Infectious Diseases, PC
5673 Peachtree Dunwoody Road
Suite #600
Atlanta, GA 30342

Phone # 404-256-4111
Fax # 404-256-0040
http://www.georgiaid.net