Travel nurse consultation (please fill out the form below and submit when finished)

Your name:_____
last first middle initial

Date of birth_____ Gender: male_☐_ female_☐_

Family physician _____

Have you gotten immunizations at the Lewis & Clark Health Department before?
Yes_☐___ No_☐___

Are you allergic to any medication? No_☐___ Yes_☐___ What medicine(s)?
_____
_____

Please tell us your preferred method of contact
Telephone (daytime number) _____
Email address _____

What is your departure date? _____

Which countries do you plan to visit?
_____
_____
_____

Will you travel in (Check all that apply) _☐__cities or _☐__rural regions _☐__ remote back country?

Your main type of lodging? (Check all that apply) _☐__Hotel _☐___ Resort _☐__ Backcountry camping _☐___ Private residence _☐__Bed and Breakfast _☐___Pensione _☐__ Ashram

What activity will you do? (Check all that apply) _☐__ medical or missionary work _☐__relax on beach _☐__ make a pilgrimage to the Haj _☐__ snorkel/scuba dive _☐__safari _☐__river raft _☐__ visit popular tourist areas

To submit this form please use the submit button in the upper right corner of this page.

Thank you! A nurse will contact you soon with an immunization recommendation and to schedule a vaccination clinic visit.