

International Travel Consultation

Please submit **completed** form 6 weeks prior to travel

Name of Patient: _____ DOB: _____ Today's Date: _____

Weight: _____ Drug allergies: _____ Primary MD: _____

Current Medications: _____

DOES YOUR CHILD HAVE LONG QT SYNDROME? Y / N. Chronic Illnesses: _____

Date of Departure: _____ Date of Return: _____ Daytime Phone Number: _____

Are you visiting friends and/or relatives? Yes No

Countries visiting (PLEASE include Cities and/or provinces):

_____ Days Spent: _____

_____ Days Spent: _____

FOR OFFICE USE ONLY

- CDC website reviewed and handouts printed
- Routine immunizations up-to-date. If not, needs: _____
- Travel immunizations recommended:
 - MMR (first if 6-12 months. If >12 months, needs 2 doses at least 28 days apart)
 - Hepatitis A (first if >12 months, second if >6 months since first)
 - Typhoid – Intramuscular: ≥ 2 years of age; give ≥ 2 weeks prior to travel; booster every 2 years
- Oral: ≥ 6 years of age; 4 capsules (q48hrs); ≥ 1 week prior to travel; booster every 5 years
 - Menactra
 - Yellow Fever (has to get at Passport Health)
 - IPV (one booster needed if >18 and travel to countries where poliomyelitis is present)
 - Rabies (only needed if direct contact with animals)
 - Japanese Encephalitis (has to get at Passport Health)
- Malaria prophylaxis recommended:
 - Malarone daily (Rx attached) – Start 2 days before exposure, continue 7 days after. #Needed _____
 - Other Medicine: _____ Reason: _____
- Travelers' Diarrhea medication (Rx attached): **(Both medications are contraindicated in patients with prolonged QT syndrome – do not prescribe)**
 - Azithromycin: 10mg/kg/day given PO once daily for 3 days up to 500mg/day
 - Ciprofloxacin: if ≥ 18 years old, 500mg PO BID for 1-3 days
- Altitude Sickness medication (Rx attached):
 - Acetazolamide (caution if sulfa allergy): 5mg/kg/day div BID up to max dose of 125mg PO BID.
Start 1 day before ascent and continue for 2 days at altitude (longer if ascent continues)

Continued on reverse . . .

International Travel Consultation Nurse Communication Log:

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

MD Appointment Scheduled for: _____ / _____ / _____ with Dr. _____

Nurse signature: _____