



ATLANTA TRAVEL MEDICINE

Atlanta Travel Medicine, L.L.C

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Travel Patient Registration

Name _____ Date of Birth _____ Age _____

Sex: M / F Occupation _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Travel Plan

Type of Travel: Business / Tourist / Student / Mission Will you have access to medical care if necessary? _____

Destination(s) of Travel (include dates of arrival and departure for each country and rural travel expected for each) _____

Medical History

Current/Ongoing Medical Conditions _____

Past/Resolved Medical Conditions and Surgeries _____

Do you have any condition which has or could lower your immune system? _____

Are you pregnant, could you be pregnant, or are you trying to become pregnant? Y / N Are you breastfeeding? Y / N

Current Medications with Dosage _____

Allergies: circle any of the following to which you are allergic

Eggs Thimerisol Sulfa Neomycin Streptomycin Bee stings Other: _____ None

Vaccine History: please note any of the vaccinations or diseases you have had below, with dates, if possible.

<u>Disease name</u>	<u>Date of disease</u>	<u>Dates of vaccine</u>
Measles (rubeola)	_____	_____
Mumps	_____	_____
Rubella (German measles)	_____	_____
Chicken Pox (varicella)	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____

Have you received at least 3 doses of tetanus/diphtheria (Td) vaccine in the past (includes DPT doses as a child)? Y / N

When was you last tetanus/diphtheria shot given? _____

Have you received at least 3 doses of polio vaccine, including any childhood doses? Y / N Last dose date _____

Other vaccines with dates not listed above (pneumococcus, influenza, rabies, small pox, etc): _____

How did you find out about us? () Physician () Friend/Family () Google () Yahoo () Kudzu () Yellow Pages () Other (please list): _____

**Please bring any immunization records you may have to your visit.
Please fax or email this form back before your visit.**