

TRAVEL CONSULTATION AND IMMUNIZATION SERVICES

When planning vacations, remember that certain countries outside the United States, such as Africa, South America and Southeast Asia, require vaccinations and other preventive medications. Making plans to ensure good health for your international trip is just as important as obtaining your passport and your airline tickets.

The pharmacists at the Travel Medicine Clinic at Cedars-Sinai Health Associates will ensure that you receive a thorough consultation and evaluation of your immunization needs. A trusted name in healthcare, Cedars-Sinai Health Associates ensures that patients receive comprehensive, personalized care from a highly experienced staff.

Travel Medicine Services

During your consultation with our trained pharmacist, you will receive a personalized travel health booklet containing specific information about the place(s) you plan to visit. The pharmacist will review the following health and travel concerns with you:

- Health risks associated with the place(s) you are travelling
- Disease prevention
- Safe practices and precautions for the place(s) you plan to visit if you are pregnant, are nursing or have a chronic health condition
- Vaccination requirements dictated by the Centers for Disease Control (CDC) and the World Health Organization (WHO)
- Proper food and water precautions to ensure good health
- Consular Information Sheets with travel warnings and safety conditions from the U.S. Department of State

Certain vaccinations and other preventive medications are required at least one to two months before entering certain areas of the world.

Book your travel consultation appointment as soon as you know your travel plans. The Travel Medicine Clinic at Cedars-Sinai Health Associates offers the following vaccines for your travel needs:

- Hepatitis A
- Hepatitis B
- Immune globulin
- Influenza
- Japanese encephalitis
- Measles, mumps and rubella
- Meningococcal infections
- Pneumococcal infections
- Poliomyelitis
- Rabies
- Tetanus and diphtheria
- Typhoid fever
- Varicella
- Yellow fever

Most health insurance plans do not cover travel vaccines. Our services include a low \$50 consultation fee, and we offer vaccines at reasonable and competitive prices.

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For More Information

For more information about Travel Consultation and Immunization Services at Cedars-Sinai Health Associates, please contact our Travel Medicine Clinic at:

Cedars-Sinai Health Associates

250 N. Robertson Blvd., Suite 601
Beverly Hills, CA 90211
Phone: (310) 385-3534, option 3
Fax: (310) 385-3577
www.cedars-sinaihealthassociates.org

Please fill out the travel history form on the back of this fact sheet and fax it to our office at (310) 385-3577.

TRAVEL HISTORY FORM

(Please complete this form in its entirety and fax it to (310) 385-3577 or call (310) 385-3534)

Name _____ Date of Birth ____/____/____

Primary Care Physician _____ Insurance _____ Member ID _____

 Sex: M F Phone (____) _____ Country of Birth _____

 Purpose of Trip: Business Pleasure School-related Study or Work

Country AND Cities in Order of Visit (include return visits)	Arrival Date	Departure Date

Will you be:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Visiting ONLY urban areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| Staying ONLY in hotels? | <input type="checkbox"/> | <input type="checkbox"/> |
| Working with exposure to animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| Working in the medical or dental field with exposure to blood? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ascending to high altitudes (greater than 7,000 feet) | <input type="checkbox"/> | <input type="checkbox"/> |
| Potentially having sexual contact with new partners? | <input type="checkbox"/> | <input type="checkbox"/> |
| Requiring precise manual dexterity, precise thinking/perception or skilled physical activity (such as mountain climbing or piloting)? | <input type="checkbox"/> | <input type="checkbox"/> |

Have you had an allergic reaction to any of the following? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Antibiotics (tetracyclines or neomycin) | <input type="checkbox"/> Lactose | <input type="checkbox"/> Sulfa Drugs |
| <input type="checkbox"/> Bee stings | <input type="checkbox"/> Pyrimethamine | <input type="checkbox"/> Thimerosal |
| <input type="checkbox"/> Chrysanthemums | <input type="checkbox"/> Quinines | <input type="checkbox"/> Yeast |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Soy | <input type="checkbox"/> Other allergies: _____ |

Have you completed the following immunizations?

- | | | | |
|-------------------------------|------------------------------|-----------------------------|---------------------|
| Hepatitis A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Hepatitis B | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Meningococcal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| MMR (measles, mumps, rubella) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Polio | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Tetanus/Diphtheria/Pertussis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Typhoid Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |
| Yellow Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? _____ |

Past AND Current Medical Problems	ALL Current Medications (Prescription and Nonprescription)

For Women Only:

When was your last normal menstrual period? _____

 Are you or could you possibly be pregnant? Yes No Are you breastfeeding an infant? Yes No