

MR# _____

Travel Recommendations

Name: _____ Date of Birth: _____

Hepatitis Risk Assessment	
Prior Risk Factor(s)	<input type="checkbox"/> HBV <input type="checkbox"/> HCV <input type="checkbox"/> Neither <input type="checkbox"/> Unsure
Prior Testing	<input type="checkbox"/> HBV <input type="checkbox"/> HCV <input type="checkbox"/> Neither <input type="checkbox"/> Unsure
HCV Ab Test Recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes
HBV Vax Series Completed Before Risk Began?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> N/A
HBV Panel Recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes
HBV Test Result (if done)	<input type="checkbox"/> Immune <input type="checkbox"/> Infected <input type="checkbox"/> Susceptible <input type="checkbox"/> Unsure

Blood Tests	Dis	Rec	Dec	Def	Ordered
Measles IgG					
Mumps IgG					
Rubella IgG					
HAV Antibody					
HBs Antibody					
HBs Antigen					
HBc Antibody					
HCV Antibody					

Prescriptions	Dis	Rec	Dec	Def	Ordered
Malaria Prophylaxis					<input type="checkbox"/> Malarone <input type="checkbox"/> Doxycycline <input type="checkbox"/> Chloroq <input type="checkbox"/> Mefloquine
Travelers' Diarrhea					<input type="checkbox"/> Cipro <input type="checkbox"/> Azithro <input type="checkbox"/> Rifaximin <input type="checkbox"/> Tinidzole
Altitude					<input type="checkbox"/> Acetazolamide
Anaphylaxis					<input type="checkbox"/> Epi-Pen

Vaccinations	Dis	Rec	Dec	Def	Ordered/Given

Travel Advice Given:

Food/Water Precautions Insect/Mosquito Precautions Other: _____
 Travelers' Diarrhea Mgmt Altitude Precautions
 Animal/Rabies Precautions

Additional Comments: _____

Travel Medicine Provider: _____ Date: _____