

Date: _____



Travel Consultation

Name: _____ Date of Birth: _____ Sex: M/F

Departure Date: _____ Length of Trip: _____

Destination	Duration	Urban/Rural
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Notes:

Allergies:

Medical Conditions:

Medications:

Vaccination History:

Reference: _____