

Health self-assessment form

Name: _____

Primary Care Provider: _____

Address and Phone Number of Primary Care Provider: _____

- This form is voluntary, and is intended to help identify potential physical or mental issues that may be exacerbated by working in an unfamiliar setting. This form will be kept confidential, and will only be used in the setting of an emergency. Please also feel free to consult with your program director (or international elective advisor) about any medical or mental health questions or concerns that you may have related to your travel and international work.
- You should be aware that elective sites may not be able to accommodate your individual needs or circumstances.
- Failure to report a medical condition could impair the ability of your residency training program to assist in the setting of an emergency.

MEDICAL HISTORY

___ Yes ___ No 1. Do you have any medical conditions or physical disabilities? If yes, please list.
a. _____
b. _____
c. _____

___ Yes ___ No 2. Have you ever been treated or are you currently being treated for any psychological or emotional conditions including but not limited to depression and anxiety? If yes, please list and note whether you are currently receiving treatment.
a. _____
b. _____

___ Yes ___ No 3. Do you take any medications? If yes, please list.
a. _____
b. _____
c. _____

___ Yes ___ No 4. Do you have any allergies? If yes, please list.
a. _____
b. _____

___ Yes ___ No 5. Have you have had any major injuries, disease, or ailments in the past 3 years? If yes, please list.
a. _____
b. _____

6. Other Comments: _____

If you have answered yes to any of the questions above, we strongly advise you to see a primary medical provider in addition to the travel clinic before your travel abroad.

I certify that all the responses on the Health Self-Assessment form are true and accurate, and that I will notify my residency program of any relevant changes in my health prior to the start of the trip

Signature of the Participant _____ Date _____

Travel clinic information

Schedule an appointment at least 2 months prior to departure.

Discussion points during the travel appointment:

- **Physical and mental health of the traveler**
- **Risks related to travel**
 - Country-specific infectious risks
 - Travel-related risks
- **Country-specific vaccinations** (refer to www.cdc.gov prior to your appointment)
 - Minimum: Updated tetanus, hepatitis A, diphtheria, pertussis, and polio
 - If considering rabies vaccine, be aware that you may have to pay out of your own pocket
- **Medications** (obtain prescriptions for antibiotics, antimalarials, HIV post-exposure prophylaxis, and personal medications during your visit)
 - Antibiotics
 - Fluoroquinolone (ciprofloxacin or levofloxacin) for traveler's diarrhea
 - +/- azithromycin, keflex, metronidazole (per MD recommendations)
 - +/- Antimalarials, country-specific
 - Post-exposure prophylaxis (**you need to specifically request this**). A possible regimen includes:
 - Truvada 1 tab PO QD x 28 days (or combivir)
 - Consider Truvada (or combivir) + Kaletra (200/50 mg capsule) 2 caps PO BID x 28 days if going to a high risk area
 - Routine medications to consider bringing: loperamide, tylenol, motrin, benadryl, hydrocortisone cream, antibiotic ointment, DEET, consider fluconazole, consider melatonin, +/- epipen
- **Personal safety devices**
 - Fitted N-95 respirator, gloves, mosquito nets (if not available at the site), condoms/birth control, insect repellent
- **Post-travel follow-up**
 - PPD (or Quantiferon, per your occupational health department) 3 months upon return
 - Further care if there are occupational exposures