

Infectious Diseases

EXPERT GROUP OF  NW FLORIDA

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TRAVELERS FORM

Name: _____ DOB: ___/___/___ Age: _____

Appointment Date: ___/___/___ Departure Date: ___/___/___ LOS: _____

Destination (s): _____

Medication: _____

Allergies: _____ Anaphylaxis (Yes) (No), to: _____

Medical History: _____

Chance of Pregnancy? (Yes) (No)

Contact Lenses? (Yes) (No)

DVT Risk? (Yes) (No) (Obese, Varicose, h/o DVT, CA, BCP, Age >50, Hypercoag, >6h flight)

Vaccinations Received / Will Receive: _____

Vaccinations Needed

- | | | | |
|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Japanese Encephalitis | <input type="checkbox"/> Menomune | <input type="checkbox"/> Menactra |
| <input type="checkbox"/> Typhoid-Inject | <input type="checkbox"/> Typhoid-Oral (Vivotif) | <input type="checkbox"/> Polio | |

- RX: Acetazolamide ASA Ciproflaxacin Epi Pen Keflex
 Metronidazole Lomotil Rifaximin Scopolamine Patch Sulfa Eye gtt
 Ted Hose

- Malaria: Chloroquine Doxycycline Malarone Mefloquine Primaquine (check G6PD)
 Malaria Self –treatment with Malarone

Cholera Stamp: (Yes) (No)

Needle Kit: (Yes) (No)

Letter/Exemptions/Miscellaneous: _____