

Bluegrass Travel Clinic
1720 Nicholasville Rd. Ste 602
Lexington, KY 40503
Phone: 859-277-4005
Fax: 859-278-2507

Patient _____

D.O.B. _____

Visit Date _____

| PROGRESS NOTES | PHYSICIAN ORDERS |
|--|---|
| Wt: _____ Temp: _____ | Vaccines: _____ please circle |
| Resp: _____ Pulse: _____ B/P: _____ | |
| Allergies: _____ | T-Dap _____ Hepatitis A _____ |
| Pertinent Medical History: _____ | Hepatitis B _____ TwinRix _____ |
| | MMR _____ Polio Inj. _____ |
| Immunocompromised: Yes No | Meningococcal _____ Yellow Fever _____ |
| Travel Destination: _____ | |
| Length of Stay: _____ | Typhoid IM _____ Haemophilus B (HIB) _____ |
| Purpose of Visit: _____ | Pneumovax _____ Prevnar 13 _____ |
| Accommodations: _____ | Flu _____ Japanese Encephalitis _____ |
| Planned Activities: _____ | Other: _____ |
| <input type="checkbox"/> Water <input type="checkbox"/> Wildlife | |
| Urban Rural Both | MD Charge Yes No |
| Prior Travel Vaccines: _____ | Prescriptions: _____ |
| | <input type="checkbox"/> Malarone <input type="checkbox"/> Oral Typhoid Vaccine |
| Prior Malaria PPX: _____ | <input type="checkbox"/> Doxycycline <input type="checkbox"/> Acetazolamide |
| | <input type="checkbox"/> Mefloquine <input type="checkbox"/> Ciprofloxacin |
| Educated Patient On: _____ | <input type="checkbox"/> Azithromycin |
| <input type="checkbox"/> Food/Water Safety | |
| <input type="checkbox"/> Insect Precautions | Handouts: _____ |
| <input type="checkbox"/> Traveler's Diarrhea | <input type="checkbox"/> Country Specific Information |
| <input type="checkbox"/> Altitude Sickness | <input type="checkbox"/> Bug Bites |
| <input type="checkbox"/> Malaria PPX | <input type="checkbox"/> Traveler's Diarrhea |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Swimming/diving |
| <input type="checkbox"/> STI's | <input type="checkbox"/> Food/Water Safety |
| <input type="checkbox"/> Marine Issues | <input type="checkbox"/> High Altitude |
| <input type="checkbox"/> Other | <input type="checkbox"/> Animal Safety |
| | <input type="checkbox"/> Travel Health Kit List |
| | <input type="checkbox"/> Other |

| <u>Vaccine</u> | <u>Date</u> | <u>EXP/LOT #</u> | <u>Initials</u> |
|-----------------------|-------------|------------------|-----------------|
| DIPHTHERIA/TETANUS | | | |
| HEPATITIS A | | | |
| HEPATITIS B | | | |
| MUMPS/MEASLES/RUBELLA | | | |
| ORAL POLIO | | | |
| MENINOCOCCAL | | | |
| YELLOW FEVER | | | |
| TYPHOID | | | |
| OTHERS | | | |

ADDITIONAL INFORMATION/NOTES