

Princeton Nassau Pediatrics International Travel Consultation
Please return 4-6 weeks before travel plans

Name of Patient: _____ Today's Date: _____

Date of Birth: _____ Weight: _____ Drug Allergies: _____

Current Medications: _____

Chronic Illnesses: _____

Countries visiting, include cities and/or provinces:

_____	Days Spent: _____
_____	Days Spent: _____
_____	Days Spent: _____

Date of Departure: _____ Date of Return: _____

Daytime Phone #: _____ Primary MD: _____

For Office Use Only

DATE OF VISIT _____

CDC Website Checked

Immunizations Recommended

_____	_____
_____	_____

Malaria Prophylaxis Recommended (circle one- yes/no)

Malarone daily, to start 1-2 days before exposure and continue for 7 days after exposure

Chloroquine once a week on the same day each week, to start 2 weeks before exposure and continue for 4 weeks after exposure

Travel tips given

Other advice given _____

Travel Clinic referral (Passport Health)

Nurse Signature _____

MD Signature _____