

**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 8 weeks after exposure

Travel tips given

Other advice given \_\_\_\_\_

Travel Clinic referral (Passport Health)

Nurse Signature \_\_\_\_\_

MD Signature \_\_\_\_\_