

Playa Marina Walk-In Urgent Care Center

Open 7 days a week

SERVING our COMMUNITY WELL



PLAYA MARINA WALK IN URGENT CARE CENTRE TRAVEL HEALTH

You may receive one or more of the following vaccines. Side effects are usually very mild and last 1-2 days. Getting plenty of sleep on the evening of the injection will help avoid the systemic symptoms. Acetaminophen (Tylenol) will be helpful for most symptoms. Please be aware of the following specific possibilities:

CHOLERA:

- redness, swelling, tenderness at the injection site
- headache, tiredness, mild increase in temperature

GAMMA GLOBULIN:

- pain and tenderness at the injection site
- hives with itching

HEPATITS A:

- pain, redness and tenderness at site of injection
- headache, malaise, low grade fever, fatigue, nausea

MENINGOCOCCAL:

- redness, swelling, tenderness at the injection site
- headache, tiredness, chills, mild increase in temperature

POLIO VIRUS:

- redness, swelling at the injection site
- mild fever

TETANUS:

- redness, swelling, tenderness at the injection site

TYHOID INJECTABLE:

- redness, swelling, tenderness at the injection site
- headache, tiredness, muscle aches and mild fever

ORAL:

- Be sure to refrigerate your medication!
- upset stomach, headache, tiredness, muscle aches

YELLOW FEVER:

- fever or localized tenderness occurring 7-14 days after injection

If you experience any side effects not listed above or have any questions about the development of any side effects related to the vaccines, please don't hesitate to contact your physician.

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Travel Questionnaire

Name: _____

Date: _____

Welcome to Playa Marina Walk In Urgent Care Center. Our goal is to keep you healthy for you entire trip. We have put together this questionnaire to help identify any special medical requirements or immunizations that you might need for healthy travel.

Please list the countries on you itinerary in the order you plan to visit them along with how long you will be in each country:

Date of departure: _____

Country	Length of stay
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

During childhood did you complete the immunizations for:

Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pertussis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Was your last tetanus shot within the past ten years? No Yes

Are you severely allergic to eggs? No Yes

Are you allergic to sulfa? No Yes

Are you allergic to aspirin? No Yes

Are you Pregnant? No Yes

Will you be traveling to high altitudes? No Yes

Will you be traveling to rural or remote areas not on the usual tourist routes? No Yes

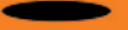
Are you taking any prescription medications? No Yes

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Travel Questionnaire ...continued

Are you aware of any special medical conditions that might affect your health on this trip? No Yes

If yes, please list:

Are you aware of any special medical or immunization requirements for your trip? No Yes

If yes, please list:

Have you ever been vaccinated against the following diseases?

If yes, please list the approximate date it was given.

Cholera	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (6mo)
Gamma Globulin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (10 yr)
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (5 yr)
Meningitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (3 yr)
Plague	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (1yr)
Typhoid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (3yr)
Yellow Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____ (10yr)
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____