Step 8 – Please list your prescription or over-the-counter medications.

Step 9 – Please list any food, drug or environmental allergies.

Step 10 – Please answer the following questions regarding anti-malarial medication.
- Do you have a history of psoriasis? ________ Yes ________ No
- Do you have a history of an irregular heartbeat? ________ Yes ________ No
- Do you have a history of psychiatric disorder, depression, anxiety, panic attacks, or have you taken an antidepressant medication? ________ Yes ________ No
- Do you have a history of seizure disorder? ________ Yes ________ No
- Do you have a history of kidney insufficiency? ________ Yes ________ No
- Do you have a history of an irregular heartbeat? ________ Yes ________ No

Step 11 – Are you interested in receiving information on any of the following topics?
- Malaria
- Jet lag
- Motion sickness
- Traveler’s diarrhea
- High altitude location (over 8,000 feet/2,500 meters)
- Traveling and deep-vein thrombosis
- Insect repellents
- Heat-related illnesses
- Hajj Pilgrimage to Saudi Arabia
- Rehydration in nausea/vomiting
- Safety and travel
- Sunburn
- Yellow fever
- Travelers Diarrhea
- Dehydration
- Insect repellent
- High Altitude
- Heat Exhaustion
- Hajj Pilgrimage
- Rehydration
- Safety

TRAVEL HEALTH
Thank you for your interest in the Target Clinic Travel Health Service. Please follow these steps to participate in this service:

1. Fill out the document for each traveler receiving this service. You will need your vaccination record to complete this form.
2. Fill out the New Patient Registration and Patient Consent forms for each traveler receiving this service.
3. Bring all documents to your local Target Clinic. Visits will take approximately 30-45 minutes per person.

SERVICE OVERVIEW
- Target Clinic provides basic travel health services for travelers of all age 11.
- Services include vaccine administration, medications, and counseling.
- Travelers with complex itineraries or serious health problems will be referred to a travel medicine specialist.

Please Note: We are unable to provide vaccinations for yellow fever. We are unable to prescribe medications for longer than 6 months.

Resources if Target Clinic is unable to serve your needs
- Please see the CDC Travel Clinic webpage for yellow fever vaccination clinics and directories of private travel clinics throughout the United States: http://wwwn.cdc.gov/travel/content/travelClinics.aspx
Step 1 – Answer yes to any of these questions makes you ineligible for travel services from Target Clinic.

- Do you have a known history of seizures, or have you had a head injury requiring medical evaluation? Yes or No
- Do you have hypertension, diabetes, or chronic lung disease (e.g. asthma)? Yes or No
- Do you have a history of a heart attack or have you had changes in your EKG? Yes or No
- Do you have allergies to any of these recommended vaccines? Yes or No
- Do you have a history of a blood disorder or receive a blood transfusion? Yes or No

Step 2 – Answer yes to these questions indicates flying or other travel is not recommended without consulting a specialist or your primary care physician.

- Have you had recent surgery? Yes or No
- Do you have a recent history of pneumonia? Yes or No
- Are you seriously anemic? Yes or No
- Do you have a major uncontrolled psychiatric disorder? Yes or No
- Do you have a highly contagious disease (e.g. active tuberculosis)? Yes or No

Step 3 – Please answer the following questions.

- Are you currently on bed rest? Yes or No
- Do you have a low platelet count, bleeding disorder, or are you on a blood thinner other than aspirin? Yes or No

Step 4 – Please indicate the country(ies) you are traveling to and the dates of travel.

- Dates
- Country/Region/City

Step 5 – Are you traveling to any of these areas? These require the Yellow Fever vaccine not available at Target Clinics.

<table>
<thead>
<tr>
<th>Area</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>Hepatitis A, B</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Panama</td>
<td>Hepatitis A, B</td>
</tr>
<tr>
<td>Peru</td>
<td>Hepatitis A, B</td>
</tr>
</tbody>
</table>

Step 6 – Are you traveling to one of these countries in South America? (Please Circle)

- Argentina
- Bolivia
- Brazil
- Chile
- Colombia
- Ecuador
- Guyana
- Paraguay
- Peru
- Suriname
- Venezuela
- Uruguay
- Venezuela

Step 7 – Please provide your vaccination history.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Country</th>
<th>Date</th>
<th>Check if on File</th>
<th>Check if Not Sure</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Items

- Basic first-aid items (adhesive bandages, gauze, ace wrap, antibiotic, tweezers, scissors, cotton-tipped applicators)
- Insect repellent (20% - 50% DEET)
- Mosquito net
- Portable water filter
- Water purification tablets
- Sunscreen with SPF 15 (preferably SPF 30 or greater, and water resistant)
- Aloe gel for sunburns
- Oral rehydration solution packets
- Digital thermometer
- Antibacterial hand wipes or alcohol-based hand sanitizer containing at least 60% alcohol
- Motion sickness tablets
- Antihistamine
- Lubricating eye drops
- First aid quilt reference card
- Traveler's Health Kit

Source: Centers for Disease Control and Prevention, "Traveler's Health Yellow Book, 2009."
Step 1 – Answering yes to any of these questions makes you ineligible for travel services from Target Clinic.

- Do you have cancer, AIDS/HIV, or an impaired immune system, or take drugs that suppress the immune system? No

- Do you have a history of a severe allergic reaction, asthma, bronchitis, or emphysema? No

- Do you have severe lung disease or require carrying an oxygen tank? No

- Do you have severe liver or kidney disease? No

- Do you have a history of tuberculosis, or have you been treated for tuberculosis? No

- Do you have a history of a pulmonary embolism, deep vein thrombosis, sickle cell disease or a blood clotting disorder? No

- Do you have been delayed?

Step 2 – Answering yes to these questions indicates flying or other travel is not recommended without consulting a specialist or your primary care physician.

- Have you had recent surgery? Yes

- Do you have a recent history of pulmonary embolism or superficial vein thrombosis? Yes

- Are you recently pregnant or planning to get pregnant? Yes

- Do you have a history of uncontrolled diabetes? Yes

- Do you have a history of a highly contagious disease (e.g., mumps, rubella, chickenpox) Yes

Step 3 – Please answer the following questions.

- Are you flying > 6 hrs. and have a history of pulmonary embolism, deep vein thrombosis, sickle cell disease or a blood clotting disorder? Yes

- Have you ever experienced an anaphylactic reaction, adverse reaction, or complication following a vaccine? Yes

- Do you need special vaccine arrangements to accommodate a severe allergic reaction or bleeding disorder? Yes

- Are you a highly contagious disease (e.g., active tuberculosis)? Yes

- Are you traveling to any of these areas? These require the Yellow Fever vaccine not available at Target Clinics. If traveling to Africa or South America, will you be visiting any of these countries? (Please Circle)

- Angola

- Benin

- Burkina Faso

- Cameroon

- Central African Republic

- Chad

- Colombia

- Congo

- Congo (Dem. Rep.)

Step 4 – Please indicate the country(s) you are traveling to and the dates of travel.

<table>
<thead>
<tr>
<th>Country/Region/City</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 5 – If you received the Yellow Fever vaccine, ask your doctor or health care provider to complete this form for you. If you did not or are not sure if you received the Yellow Fever vaccine, please see below.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Total Doses</th>
<th>Date</th>
<th>Check if No</th>
<th>Check if Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow Fever</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 6 – You may require the Yellow Fever vaccination (Not available at Target) depending on what region is being visited. Please provide your vaccination history.

- Are you traveling to any of these areas? These require the Yellow Fever vaccine not available at Target Clinics. If traveling to Africa or South America, will you be visiting any of these countries? (Please Circle)

- Argentina

- Bolivia

- Brazil

- Burkina Faso

- Cameroon

- Chad

- Colombia

- Congo

- Democratic Republic of the Congo

- Equatorial Guinea

- Ethiopia

- Guinea

- Guinea-Bissau

- Ghana

- Guinea

- Hungary

- Ivory Coast

- Kenya

- Malawi

- Mali

- Mozambique

- Nicaragua

- Niger

- Nigeria

- Pakistan

- Panama

- Peru

- Sierra Leone

- Somalia

- South Africa

- Sudan

- Tanzania

- Trinidad

- Tunisia

- Turkey

- Uganda

- U.S.

Note: You must receive the Yellow Fever vaccination (Not available at Target) depending on what region is being visited.

- Are you traveling to any of these areas? These require the Yellow Fever vaccine not available at Target Clinics. If traveling to Africa or South America, will you be visiting any of these countries? (Please Circle)

- Argentina

- Bolivia

- Brazil

- Burkina Faso

- Cameroon

- Chad

- Colombia

- Congo

- Congo (Dem. Rep.)
Step 8 – Please list your prescription or over-the-counter medications.

Step 9 – Please list any food, drug or environmental allergies.

Step 10 – Please answer the following questions regarding anti-malarial medication.

- Do you have a history of psoriasis? ☐ Yes ☐ No
- Do you have a history of an irregular heartbeat? ☐ Yes ☐ No
- Do you have a history of psychiatric disorder, depression, anxiety, panic attacks, or have ever taken an anti-depressant medication? ☐ Yes ☐ No
- Do you have a history of seizure disorder? ☐ Yes ☐ No
- Do you have a history of an irregular heartbeat? ☐ Yes ☐ No
- Do you have a history of kidney insufficiency? ☐ Yes ☐ No
- Are you breast feeding? ☐ Yes ☐ No
- Do you have a history of an irregular heartbeat? ☐ Yes ☐ No

Step 11 – Are you interested in receiving information on any of the following topics?

- Malaria ☐ Yes ☐ No
- Jet lag ☐ Yes ☐ No
- Motion sickness ☐ Yes ☐ No
- Traveler’s diarrhea ☐ Yes ☐ No
- Heat-related illnesses ☐ Yes ☐ No
- Dengue hemorrhagic fever ☐ Yes ☐ No
- Insect repellents ☐ Yes ☐ No
- Rehydration in nausea/vomiting ☐ Yes ☐ No
- Safety and travel ☐ Yes ☐ No
- Sunburn ☐ Yes ☐ No

TRAVEL HEALTH

Thank you for your interest in the Target Clinic Travel Health Service. Please follow these steps to participate in this service:
1. Fill out the document for each traveler receiving this service. You will need your vaccination record to complete this form.
2. Fill out the New Patient Registration and Patient Consent forms for each traveler receiving this service.
3. Bring all documents to your local Target Clinic. Visits will take approximately 30-45 minutes per person.

SERVICE OVERVIEW

- Target Clinic provides basic travel health services for travelers of all ages.
- Services include vaccine administration, medications, and counseling.
- Travelers with complex itineraries or serious health problems will be referred to a travel medicine specialist.

Please Note: We are unable to provide vaccinations for yellow fever. We are unable to prescribe medications for longer than 6 months.

Resources if Target Clinic is unable to serve your needs
Please see the CDC Travel Clinic webpage for yellow fever vaccination clinics and directories of private travel clinics throughout the United States: http://www.cdc.gov/travel/content/travelClinics.aspx
Step 1 – Answering yes to any of these questions makes you ineligible for travel services from Target Clinic.

- Do you have cancer, AIDS/HIV, or impaired immune system, or organ transplant, or take drugs that suppress the immune system? - Yes No
- Do you have a history of a autoimmune disorder such as multiple sclerosis, lupus, or Guillain-Barré syndrome? - Yes No
- Do you have severe lung disease or require oxygen at home? - Yes No
- Do you have severe liver or kidney disease? - Yes No
- Do you have sickle cell disease or a blood clotting disorder? - Yes No
- Have you ever experienced an anaphylactic reaction, adverse reaction, or complication following a vaccine? - Yes No
- Do you need special vaccine arrangements to accommodate a seizure disorder or bleeding disorder? - Yes No
- Have you ever experienced an anaphylactic reaction, adverse reaction, or complication following a vaccine? - Yes No
- Do you have a highly contagious disease (e.g. active tuberculosis)? - Yes No
- Are you severely anemic? - Yes No
- Are you pregnant, trying to get pregnant, is there a risk of unplanned pregnancy, or has your menstrual period been delayed? - Yes No
- Are you acutely ill (Fever > 101°F)? - Yes No
- Step 3
- Have you had recent surgery? - Yes No
- Consult a specialist or your primary care physician.
- Step 4 – Please answer the following questions.
- Are you allergic to eggs? - Yes No
- Are you allergic to any of food items, shellfish, or seafood? - Yes No
- Are you allergic to any type of insect, animal, or bird? - Yes No
- Do you have a history of latex allergy? - Yes No
- Are you allergic to peanuts? - Yes No
- Are you allergic to any type of insect, animal, or bird? - Yes No
- Who will fly> 6 hrs. and have a history of pulmonary embolism, deep vein thrombosis, sickle cell disease or a blood clotting disorder? - Yes No
- Are you severely anemic? - Yes No
- Are you pregnant, trying to get pregnant, is there a risk of unplanned pregnancy, or has your menstrual period been delayed? - Yes No
- Are you acutely ill (Fever > 101°F)? - Yes No
- Are you severely anemic? - Yes No
- Are you pregnant, trying to get pregnant, is there a risk of unplanned pregnancy, or has your menstrual period been delayed? - Yes No
- Are you acutely ill (Fever > 101°F)? - Yes No
- Please provide your vaccination history.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Total Doses</th>
<th>If Yes, did you have this vaccine?</th>
<th>Date</th>
<th>Check Off</th>
<th>Check if Not Sure</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox/mumps/rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria or tetanus/diphtheria/pertussis</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>