

## REQUEST FOR TRAVEL MEDICINE SERVICES



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Office: (check one)  Peabody  Salem  Lynn  Melrose  Reading  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Person completing form: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

The risk for contracting diseases during travel—particularly when visiting family members or rural areas—can be significant and potentially life-threatening. Precautions can be taken to protect your child from contracting many of these diseases. Additional vaccinations or oral medications may even be recommended, depending on the destination.

In order to ensure your child's health and safety during travel abroad, the pediatricians and nurse practitioners at PHCA recommend discussing your travel plans with our staff **six weeks prior to your departure**. This will allow us to administer any required vaccinations well in advance of your trip. In addition, medications that may be required for travel may not routinely be stocked at your pharmacy, and are often administered as early as one week prior to your departure. Advance notice is therefore important. However, should you find yourself traveling last-minute, please contact our clinic so that we might provide your child with the best possible care.

To access our travel medicine services, please answer the following questions and return the completed form to the address listed below. (Please use a separate sheet for each person traveling.) You will be contacted by our staff to arrange a pre-travel appointment at our Peabody location. As travel medicine services are not covered by all insurances, we ask that you plan to pay for the visit at the time of check-in. An itemized bill will be provided to you in order to seek reimbursement directly from your insurance provider.

### Destination(s)

Country: \_\_\_\_\_ Please specify cities/regions: \_\_\_\_\_  
*If visiting multiple countries, please include a copy of your travel itinerary.*

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Will you be visiting rural areas during your stay?  Yes  No

Can you/your child swallow pills?  Yes  No

Have you/your child received any vaccine **outside our clinic** in the last month?  Yes  No

If so, which one(s)? \_\_\_\_\_

Does your child have any chronic medical issues? \_\_\_\_\_

Do you/your child take any routine medications? \_\_\_\_\_

Will you/your child need refills of these medications?  Yes  No

Do you/your child have any drug allergies? \_\_\_\_\_

Pharmacy of choice: \_\_\_\_\_

### Return completed form to:

Pediatric Health Care Associates  
Attention: Travel Medicine  
10 Centennial Drive  
Peabody, MA 01960  
Fax: (978) 536-5910