IHA Midwest Travel Care - Itinerary Worksheet

Traveler Name: _____ Birthdate: _____ Appt. Date: _____

Is this your first visit to IHA Midwest Travel Care? ❑Yes ❑No If no, approximate last visit date: _____

History of international travel; list of countries visited: _____

Current Travel Plans – Include both ground and air stops (if needed use additional pages for more stops)

Departure Date _____ Length of trip _____ days

Country	Nearest City	days at location	Visited Before?	Are you likely to travel to travel to this destination in the next year?
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No
			❑Yes ❑No	❑Yes ❑No

Will you be in ❑Rural ❑Urban areas?

What will be your accommodations (Hotels, houses, cruise ship, hostel etc.)? _____

Are you likely to visit: ❑Schools ❑Hospitals ❑Orphanages?

What is the purpose of this trip? ❑Visit Family ❑Business ❑Vacation ❑Mission/Service ❑Education ❑Adoption ❑Other _____

Have you ever taken **malaria** medication while travelling? ❑Yes ❑No

If yes, which malaria medication(s): _____

How did you tolerate it?: _____

Please list information that would make this visit more helpful to you:

_____