

NASHVILLE TRAVEL MEDICINE
5651 Frist Blvd. Nashville, TN 37076
615 846-4500

TRAVEL QUESTIONNAIRE

NAME _____ APPT. DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ DOB _____ AGE _____

EMAIL _____

TRAVELING TO _____ DEPARTURE DATE _____ TRIP DURATION _____

TRIP IS: BUSINESS PLEASURE MISSION OTHER

CURRENT MEDICATIONS _____

SERIOUS HEALTH ISSUES _____

ALLERGIES _____

	YES	NO	?
HAVE YOU RECEIVED TETAUS VACCINE WITHIN THE PAST 10 YEARS	_____	_____	_____
HAVE YOU EVER RECEIVED HEPATITIS A VACCINE?	_____	_____	_____
HAVE YOU EVER RECEIVED HEPATITIS B VACCINE?	_____	_____	_____
HAVE YOU RECEIVED TWO (2) DOSES OF MEASLES (MMR) VACCINE?	_____	_____	_____
FOR WOMEN: ARE YOU POSSIBLY PREGNANT?	_____	_____	_____

**If you have any vaccination records please bring them with you

CONSENT FOR SERVICES: I understand that, while remarkably safe, vaccines can, in rare instances, cause complications including death. I agree to accept this risk in order to decrease my risk of contracting a vaccine preventable disease, and will not hold Nashville Travel Medicine or its owners or employees liable for any damages associated with services provided by Nashville Travel Medicine.

I also understand that Nashville Travel Medicine does not have contracts with any insurance companies, and does not file claims to any insurance company. We will provide you with a receipt of your visit which you may file with your insurance company for reimbursement directly to you for any covered services. I understand that my health insurance is a contract between me and my insurance company and does not involve Nashville Travel Medicine. I understand that Nashville Travel Medicine will not refund any difference between our charges and the amount you may receive from your insurance company.

Signature

Print Name

Date