

**NASHVILLE TRAVEL MEDICINE**  
3939 Central Pike, Hermitage, 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 TETANUS VACCINE WITHIN THE PAST 5 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?	_____	_____	_____
<b>FOR WOMEN: ARE YOU POSSIBLY PREGNANT?</b>	_____	_____	_____

\*\*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