

LABEL

Patient Travel Consultation Immunizations

	Site Given	Lot#	Manufacturer	Dose
Typhoid -Oral – IM				
Yellow Fever				
Hepatitis A				
Hepatitis B				
Twinrix				
Pre-Rabies				
Meningococcal – MCV MEX				
Tetanus, diphtheria/tetanus, diphtheria, pertussis (Td/Tdap)				
Measles, Mumps & Rubella (MMR)				
Inactivated poliovirus vaccine (IPV)				
Other:				

Education/counseling Focus:

Malaria/insect Protection: Travel folder with VIS given _____
 Diarrhea/water/food: Travel folder with VIS given _____
 Vaccinations Provided: See above _____
 Other: _____

Visit Assessment

Teaching Methods:

Learner Evaluation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vaccines given and tolerated well | <input type="checkbox"/> Verbal Discussion | <input type="checkbox"/> Verbalizes Understanding |
| <input type="checkbox"/> Discharged in stable condition | <input type="checkbox"/> Handout(s) | <input type="checkbox"/> Needs Reinforcement |
| <input type="checkbox"/> Return to Clinic: _____ | | |

Prescriptions

For prescription, patient prefers: Rx for: _____

Pickup Rx will be available for pickup on: _____

Phone in to pharmacy Pharmacy name: _____

Pharmacy number: _____

Mail

Rx picked up on: _____

Rx called into pharmacy on: _____

Nurse: _____

Date: _____