

## 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: \_\_\_\_\_