

Travel Health Clinic

Traveling can make you feel wonderfully alive. But it can also expose you to serious illnesses. Don't let your travel experience be ruined by health problems. Before you go, get in the know and learn about your travel health needs and required immunizations, by visiting our travel health clinic. During a travel consultation RVNA's nurse will discuss your trip, administer immunizations as needed and advise of the associated travel risks such as insect precautions, food and water safety, environmental concerns.

RVNA can administer the following commonly needed travel vaccinations:

- Hepatitis A & B
 - Yellow Fever
 - Typhoid
 - Rabies
 - Japanese Encephalitis
 - Polio
 - Meningitis
 - Measles (MMR)
 - Tetanus (Tdap)
- Medications to prevent Malaria and Travelers Diarrhea can also be prescribed as needed.

Booking an Appointment:

To determine the care needed for your specific trip, we ask that you complete the attached paperwork (one for each person traveling) and return it back to RVNA. Please also send copies of any immunization records that you have.

Completed forms can be sent to:

Email: Kwise@ridgefieldvna.org Fax: 203-431-6583 Mail: 27 Governor Street, Ridgefield CT 06877

Our Travel Health Nurse will review the information you provide and customize your appointment to fit your needs. **Once we receive the forms back from you, we will contact you to schedule appointment.**

Ideally, appointments should be scheduled four to six weeks before travel, but consultations for the last minute travelers are still advised. It takes at least two weeks to fully build immunity from a vaccination.

Appointments are available Monday – Friday 8:30 am – 4:00 pm. With later appointment available on Thursdays.

Please be advised: Anyone under age 18 must be accompanied by a parent/guardian and will require a prescription from their doctor for the vaccines. RVNA will discuss this with you when they call to schedule the appointment.

Payment:

The RVNA Travel Health Clinic is not able to bill to insurance. Payment will be expected at the time of the visit, checks and credit cards are accepted. You will be given an invoice that you may submit to your insurance company for reimbursement.

- The cost of the consultation is \$75 for a 1 hour visit for 1 person.
- If the appointment takes more than an hour there is an additional \$15 charge for every 15 minute increment over the scheduled hour.
- If you are traveling with another person and would like to come in together there is a \$25 charge for an additional person.

We look forward to meeting with you and helping you have a safe and healthy trip!

Sincerely,
RVNA Travel Health Team



Insurance Non-Participation Notice

To our valued Travel Clients:

Ridgefield Visiting Nurse Association Travel Health Clinic **does not participate with any insurance plans**, and therefore, will not be able to submit a claim on your behalf. Payment in full for your Travel Health Visit is required at the time of your appointment by check or credit card.

If you choose to submit your RVNA receipt to your insurance carrier for reimbursement, please ensure that you clearly indicate on the insurance form that the **benefit payment should be made directly to you, the patient.**

I understand that any additional booster vaccinations needed are not included in today's charges. There will be a separate charge for all future booster vaccines, which must be paid in full when the vaccines are administered.

Thank you.

SIGNATURE of Patient or Patient's Authorized Representative

Today's Date

PRINT name of Patient or Patient's Authorized Representative

Personal Information:

Have you previously been seen here? Yes No

Last Name: _____ First Name: _____

 Date of Birth: ____/____/____ Age: ____ Male Female Weight: _____ (approx.)

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Country of Birth: _____

Physician's Name: _____ Physician's Phone: _____

Physician Address: _____ Town: _____ Zip: _____

Pharmacy Name: _____ Pharmacy Phone #: _____

Pharmacy Location: _____

Trip Information:

Have you traveled internationally in the past? Yes No Where? _____

Itinerary: Please give ALL countries to be visited, including stopovers, in the order (if possible) to be visited:

City & Country	Length of Stay
1.	
2.	
3.	
4.	

Date of Departure from home: _____ Return date/Length of trip: _____

Is this a fixed itinerary? Yes No Unsure

Purpose of trip: _____

Is this an organized tour? Yes No Partly Explain: _____

If applicable, Name of Business/Mission group trip is with _____

 Planned activities (*ex. Hiking, scuba diving, working with animals etc.*): _____

Accommodations:	Hotel	Hostel	Staying with locals/family/friends
	Rented house/Apt.	Camping	Cruise ship/Boat

Have you obtained travel medical evacuation insurance? Yes No

Health History:

Are you currently under the care of a physician for any health problems: Yes No

If yes, please explain: _____

-----Continue on back----- ➡

Immunizations	Yes	No
Have you ever fainted from having your blood drawn or from an injection?		
Have you ever had a bad reaction/side effect from any vaccinations?		
Have you ever had Hepatitis A?		
Have you ever had Hepatitis B?		
Do you have a family history of immunodeficiency?		
Have you received any injection of immune globulin or any blood product during the past 12 months?		
General Medical	Yes	No
Do you have a medical condition that warrants maintenance medications or physician follow up?		
Do you have a medical condition that is stable now, but that may recur while traveling?		
Has your spleen been removed?		
Have you had an acute illness or fever in the past 48 hours?		
Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?		
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?		
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?		
Do you have any stomach conditions?		
Do you have G6PD deficiency?		
Do you have severe renal impairment?		
Bowel condition such as diarrhea, constipation or other GI problems?		
Do you have a problem with strange dreams and/or nightmares?		
Do you have insomnia?		
Do you have psoriasis?		
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?		
Do you have asthma or wheezing?		
Do you have depression, anxiety, panic attacks?		
Do you have Muscle or bone problems?		
Do you have immune disorder (chemotherapy, HIV, Bone marrow or organ transplant, rheumatoid arthritis treatment)?		
Live/work closely with anyone with immune disorder?		
History of altitude sickness?		
Surgery or Hospitalization in past 3-5 years?		
Have you had any transfusions or blood products in the past 5 years?		
Do you drink alcohol regularly?		
Do you smoke?		
Have you ever had a TB (Tuberculosis) test?		
Do you have a history of tendonitis/Achilles heel rupture?		
General Medical - Women	Yes	No
Are you currently or trying to become pregnant?		
Are you or will you be breastfeeding?		
Do you have problems with vaginitis?		
Medications: Please list all medications you are taking:		
Prescription Medication:	Over the Counter Medication/Supplements:	
Allergies:		
Are you allergic to any medications?		
Are you allergic to any environmental factors?		
Any additional information that you believe is important for us to know as you prepare for your current trip:		
<p>I understand that by traveling I may be putting myself at risk and that the Travel Clinic Nurse at Ridgefield Visiting Nurse Association (RVNA), will provide me with the most updated information from the Center for Disease Control and Shoreland Travax during my consultation. If I feel I need more information or the nurse recommends that more time is needed to cover all the information, I will be responsible to schedule another consultation. If any incident is to occur while on my trip, I hereby waive and agree to release the Ridgefield Visiting Nurse Association, a/k/a RVNA, including the Travel Clinic and both their respective controlling persons, directors, officers, employees, agents and other affiliates from any liability.</p>		
I have answered this questionnaire fully and to the best of my ability. RVNA: Reviewed by: _____ RN/NP/APRN		Travelers Signature _____ Relationship if minor _____ Date _____