

RIDGEFIELD PEDIATRICS
INTERNATIONAL TRAVEL QUESTIONNAIRE

Please answer questions below and mail back to Ridgefield Pediatrics: 38B Grove Street Ridgefield, CT 06877 or fax back to 203-438-6456. Questionnaire should be completed and mailed back several days before travel consultation takes place. If you have any questions please feel free to call at 203-438-9557.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Birth Date: _____ Sex: ()M ()F

Email address: _____

TRAVEL INFORMATION

List all countries and travel dates in order of travel:

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

4. _____ From: _____ To: _____

Where within the country or countries will you be traveling?(cities, provinces)

Do you plan to visit rural areas?

What are the conditions of your lodging?(such as hotel with air conditioning, screened cabin, or open-air tents)

What activities will you be doing while traveling?(such as hiking, backpacking, scuba diving, sightseeing, etc.)

Do you plan to go swimming?

If yes, ()Chlorinated Pool () Fresh Water Lake or Stream () Ocean

Do you plan to travel to high altitudes?

Have you traveled internationally in the past?

If yes where and when did you go?