



PROVIDENCE HOOD RIVER TRAVEL QUESTIONNAIRE
 917 11th St, Hood River, OR 97031
 (541) 387-8237

Name	
Date of Birth	
Preferred phone number	
Email	
TRAVEL INFORMATION	
Travel Departure/Return	
Cities/Countries: Please be as detailed as possible.	
Length of Stay	
Accommodation	
Trip Purpose	
What recreational activities are you doing?	
Are you working in health care, in an orphanage, or on a farm?	
MEDICAL HISTORY	
MAJOR MEDICAL PROBLEMS:	
MEDICATIONS including birth control, herbals and over-the-counter:	
ALLERGIES	
VACCINE HISTORY	DATE
Cholera	
Meningococcal	
Japanese Encephalitis	
Tetanus (TDaP)	
Polio	
Pneumonia	
Flu	
Yellow Fever	
MMR	
Hepatitis A	
Hepatitis B	
Rabies	
Other	