

# Travel Allergy Risk Screening Sheet

## Traveler Information

Name

Date of Birth

Contact Number

Email

## Travel Details

Destination(s)

Departure Date

Return Date

## Allergy History

Have you been diagnosed with any allergies?

If yes, please specify:

- ☐ Food allergies
- ☐ Medication allergies
- ☐ Insect sting allergies
- ☐ Other

Please list specific allergens:

Please describe your typical allergic reaction(s):

Do you carry emergency medication (e.g., EpiPen)?

# Preparation for Travel

Do you have a travel medical plan for allergy emergencies?

Additional notes or concerns: