

Pre-Travel Health Risk Assessment Checklist

Traveler Name

Date of Birth

Destination(s)

Travel Dates

Purpose of Travel

1. Medical History

- ☐ Chronic diseases
- ☐ Allergies
- ☐ Immunocompromised
- ☐ Pregnancy
- ☐ Other

Details (if any):

2. Current Medications

List current medications:

3. Vaccination Status

- ☐ Up-to-date on routine vaccines
- ☐ Additional vaccines needed

Details (type/date):

4. Destination-Specific Risks

- ☐ Malaria region
- ☐ Yellow Fever
- ☐ Zika Virus
- ☐ Dengue
- ☐ High Altitude
- ☐ Other

Details/Precautions:

5. Special Considerations

- ☐ Food and Water Safety
- ☐ Personal Security
- ☐ Transportation Risks
- ☐ Other

Notes:

6. Emergency Contacts

Contact 1

Contact 2