



Prior to your appointment for your vaccinations,
please complete this form and fax it to **931.490.7303** or deliver it to the clinic in person.

Name: _____ Date: _____

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

Phone: _____ Email: _____ Birth Date: _____ Age: _____

Where are you going? Please list countries in order: _____ Travel Dates: Depart _____ Return _____

Please list any chronic physical or mental illnesses: _____

Do you have eczema or other chronic dermatitis? No Yes If yes, type: _____

Do you have medication allergies? No, none known Yes If yes, type: _____

List all recent vaccines you have had and the date you received the vaccine (if known), including oral or nasal mist. If possible, bring vaccinations records with you. _____

Are you allergic to eggs, feathers, yeast, mercury, quinine, formaldehyde, latex, or insect/bee stings? No Yes

Do you get motion sickness? No Yes If yes, what treatment have you used in the past? _____

Do you have high blood pressure? No Yes If yes, what medication(s) do you take? _____

List all medications you are currently taking, including oral contraceptives or anti-coagulants): _____

Are you receiving steroid medications such as cortisone or prednisone? No Yes If yes, type and dosage: _____

Are you receiving radiation or other treatments? No Yes If yes, describe: _____

Females: Are you pregnant now or is there a possibility that you might be pregnant? No Yes If yes, months: _____

Have you had an allergic reaction to an immunization in the past? No Yes If yes, what? _____

Consent for Services: I understand that, while remarkably safe, vaccines can, in rare instances, cause complications including death. I agree to accept this risk in order to decrease my risk of contracting a vaccine preventable disease, and will not hold the Maury Regional Medical Center (MRMC) Travel Medicine Clinic or its owners or employees liable for any damages associated with services provided by MRMC Travel Clinic.

I also understand that MRMC Travel Clinic does not have contracts with any insurance companies, and does not file claims to any insurance company. We will provide you with a receipt of your visit which you may file with your insurance company for reimbursement directly to you for any covered services. I understand that my health insurance is a contract between me and my insurance company and does not involve the MRMC Travel Clinic. I understand that MRMC Travel Clinic will not refund any difference between our charges and the amount you may receive from you insurance company.

Signature

Print Name

Date