



VISITING NURSE ASSOCIATION
OF SOUTHEAST MICHIGAN
Providing Home Care & Hospice Services Since 1898

VNA Travel Wise Screening Form

Name: _____ Phone: (_____) _____ Age: _____

Referred by _____

REMINDER: Bring vaccine records

List destination(s) in order of country(s) to be visited departing on: _____ Length of Stay: _____

1. _____

2. _____

3. _____

4. _____

5. _____

AGENDA (Circle all that apply)

Urban • Rural	Business • Frequent Travel • VFR • Pleasure	Other
Urban & Rural	Missionary • Group Tour • Cruise • Diving • Trek	

1. Allergies: **N • Y** _____

2. Pregnant or planning a pregnancy in the next 4 weeks? **N • Y** _____

3. Any immune deficiency or current immune therapy? **N • Y** _____

4. Medications (including over the counter): **N • Y** _____

5. Medical History (list history or any current medical issues): _____

