

Portage, Michigan 49002

 phone:
 (269) 327-0033

 toll free:
 (877) 774-8757

 fax:
 (269) 327-2709

 email:
 info@portagepharmacy.com

 web:
 www.portagepharmacy.com

Immunization Services Foreign Travel Questionnaire

Patient Name	DOB/ / Phone
Address	Email
City State	ZipFamily Physician
Are family members traveling with you in need of immunizat	ion also? 🗳 Yes 🗳 No
Name	DOB/ Physician
Name	DOB/ Physician
Name	DOB/ Physician
Country(ies) Traveling to	Date of Travel
Information Recorded by Date	Information given to (Pharmacist)Date
Pharmacist	Action Taken
□No further action needed	Graved to Provider: Fax
Checked for outbreaks and recommendations	Discussed by Phone w/Provider: Date
Completed recommendation (Immunization Approval Request Form)	UCreated Patient File
Disc	ussion