Office use only:
Date Sent: _______________

Sent By: _______________

Completed By: ___________

TRAVEL IMMUNIZATION WORKSHEET

Clallam County Department of Health & Human Services
223 East 4th Street, Suite 14 ▪ Port Angeles, WA 98362-3015
Phone (360) 417-2274 ▪ FAX: (360) 417-2519

Office use only:
Date Received: _______________

Received By: _______________

Receipt #__________ Amt_______

Please Complete the Top Portion of this Form and Mail with $50 Check or Money Order per Traveler
Out Of Clallam County Residents $75 Check or Money Order per Traveler

This Form MUST Be Completed Prior To Receiving Consultation Packet and Immunizations

Name:		Phone		Date	
Mailing Address		City:		ZIP:	
Date of Birth		Departure Date		Length of Stay	
Country(s)					
Province/Territory/Area Be specific about areas of travel within each country					
☐ Rural ☐ Urban		Planned Activities			
Chronic Medical Conditions/Special Concerns					

Vaccine	Date of Last Dose	Required	Recom-mended	Not Needed	Comments
DTP/DT/Td/Tdap (Tetanus/Diphtheria)					
IPV (Polio)					
MMR (Measles, Mumps, Rubella)					
Hepatitis A					
Hepatitis B					
Typhoid					
Yellow Fever					
Influenza					
Meningococcus					
Rabies					
Japanese Encephalitis					

MALARIA RISK YES NO

RECOMMENDED ANTIMALARIAL ____

A PRESCRIPTION FROM YOUR PRIVATE MEDICAL PROVIDER IS REQUIRED TO PURCHASE PROPHYLACTIC MALARIA MEDICATION IN THE UNITED STATES.