Woodinville Pediatrics Travel Questionnaire

Name:_____ Date:_____

DOB:_____ Date travel starts:_____

Medications child is/will be taking:_____
_____
_____
_____

In right hand column, designate if region/city visited is urban/rural/both, as well as type of accommodations.

List Countries in Order (include airport connections /layovers)	Days in Country	List regions, cities. List cities >6000 ft. (Do a computer search by city name)	Urban	Rural	Hotel / Resort	Private Home	Camping