

## UNPLANNED MEDICAL AND DENTAL CARE DURING TRAVEL

Estimated date of onset of symptoms/date of injury (DD/MM/YY) \_\_\_\_\_  
(If different from that entered on the regular form)

Date of first health care access (DD/MM/YY) \_\_\_\_\_  Unknown

Before accessing the health care:

Bought and used local medication  Yes  No  Unknown

Self-treated with medication carried from home  Yes  No  Unknown

### Location of health care:

Country \_\_\_\_\_ City \_\_\_\_\_

Facility type:  Hospital (please select one or more of the following):

ICU  Inpatient  Outpatient  Emergency Department

Total length of stay \_\_\_\_\_ days  Unknown

Private observation clinic: Length of stay \_\_\_\_\_ days

Outpatient clinic

Private doctor's office

Hotel

Cruise ship

Embassy or Consulate

Local healer (e.g. shaman, traditional healer, herbalist)

Other, specify: \_\_\_\_\_

Unknown

### Nature of health care received (check one):

Medical evaluation  Injury  Dental

Diagnosis given by health care provider abroad (use GeoSentinel codes): \_\_\_\_\_  Unknown

Is the primary GeoSentinel diagnosis today related to this health care?  Yes  No  Not ascertainable

Treatments/procedures received (check all that apply):

Medical diagnostic procedure (e.g., blood draw, urine sample, etc) or treatment

Medical observation

Injection or infusion (Tick if received:  RIG  Post-exposure rabies vaccine series)

Blood product

Antibiotic/antiparasitic/antimalarial, specify:

Multiple IV ATBs  Antibiotics – Cephalosporin

Antibiotics – Carbapenem  Antibiotics – Penicillin Group

Antibiotics – Quinolone Group  Antibiotics – Macrolide Group

Antibiotics – Tetracycline Group  Antibiotics – Unknown

Antibiotics – Other \_\_\_\_\_  Antifungal \_\_\_\_\_

Antiparasitic \_\_\_\_\_  Antimalarial \_\_\_\_\_

Antiviral \_\_\_\_\_

Surgical procedure → If checked:  Emergency surgery related to injury

Surgery (non-trauma related)

Suture/wound care  Splint/casting

Invasive diagnostic procedure (e.g., colonoscopy, lumbar puncture, etc.)

Dental care

Outcome of the treatment abroad (check one):

- Resolved completely
- Improved
- Unchanged
- Deterioration of original condition
- Complication resulting from health care obtained (e.g. infection)

---

**Additional Information**

1. GeoS clinic visit date: \_\_\_\_\_
2. Presenting symptoms at GeoS site: \_\_\_\_\_
3. Duration of symptoms: \_\_\_\_\_
4. Final diagnosis at GeoS site: \_\_\_\_\_

**Remark:** The above fields are in the GeoS main form. When this project is live, there will be no need to provide this information as it will be included from the database; however, during the pilot process, please kindly provide the above information for your patients. Thank you very much!

---