

## Health Check after Travelling

Travel-related health problems have been reported by many travelers to foreign countries upon their return to Japan. Diarrhea, skin problems, cough and fever are among the most common illness reported. Most cases are not serious and people recover with ordinary medical care, but these common illnesses may be a sign of something more serious.

• Please keep in mind that there is the possibility of travel-related illness **for at least 6 months** after returning from a trip, especially when you have visited a developing country. Infectious diseases such as dengue or rickettsial infection will need medical attention within 3 weeks of your return, however infections by parasites or bacteria can manifest themselves several weeks, months or years later.

• A fever might be a sign of serious illness after travelling. **Please consult a doctor if you have a fever after travelling to a malaria or dengue - endemic area.** Malaria, especially falciparum malaria, is a life-threatening infection and can worsen rapidly.



• If you have persistent diarrhea, it might be related to parasitic infections such as Giardia or amebic dysentery. Serious damage to internal organs can occur, so please see a doctor and identify the cause of the diarrhea.

• Skin problems are among the most common illnesses reported by people who have returned from international travel. Most skin problems are not serious, but they may be the sign of a serious illness, especially if you also have a fever. In this case, please go to see a doctor as soon as possible.

• There are no hospitals in Obihiro that are able to accept patients suffering from severe infectious diseases. If there is any possibility that you have a severe infection, please **email ([hokekan@obihiro.ac.jp](mailto:hokekan@obihiro.ac.jp)) or call (0155-49-5793)** the Health Administration Center to consult with the doctor. Please stay at home to prevent the spread of infections. Whatever the reason, if you call or go to the doctor after returning from a trip overseas, please tell him or her about your recent travel. Make sure to include all relevant details:

- Destination
- How long you were gone
- The purpose of your trip
- What you did on your trip
- Where you stayed (any anti-insect measures?)
- History of vaccinations ( Please see the check list on the reverse side of this paper)

※Some information is from the website of Quarantine Information Office, Ministry of Health, Labour, and Welfare (<http://www.forth.go.jp/>)

Symptom and condition check list before you go to see a doctor after travelling.

Date: / /

Travel Destination and Period	Destination: Period: ~
Purpose	<input type="checkbox"/> Conference <input type="checkbox"/> Research <input type="checkbox"/> Sightseeing <input type="checkbox"/> Visit friends/ relatives <input type="checkbox"/> Other ( )
Type of Travel	<input type="checkbox"/> Package Tour <input type="checkbox"/> Independent <input type="checkbox"/> Other ( )
Accommodation	<input type="checkbox"/> Fully-appointed Hotel <input type="checkbox"/> Other ( )

Current Physical Condition

I have (a)

<input type="checkbox"/> fever	<input type="checkbox"/> that comes and goes. <input type="checkbox"/> that is continuously high ( or low). Since when? ( ).
<input type="checkbox"/> diarrhea	Since when? ( ).
<input type="checkbox"/> constipation	Since when? ( ).
<input type="checkbox"/> stomachache	Since when? ( ).
<input type="checkbox"/> sign of yellowing eye	Since when? ( ).
<input type="checkbox"/> urological problems such as	<input type="checkbox"/> pain with urination <input type="checkbox"/> urethral pain <input type="checkbox"/> blood in the urine <input type="checkbox"/> viscous urine Since when? ( ).
<input type="checkbox"/> skin problems such as	<input type="checkbox"/> swellings <input type="checkbox"/> rash <input type="checkbox"/> blisters <input type="checkbox"/> suppuration Since when? ( ).
<input type="checkbox"/> other problems.	What are they? ( ) Since when? ( )

Travel Behavior and Activity

Diet	<input type="checkbox"/> I had unboiled water. <input type="checkbox"/> I had river/lake water. <input type="checkbox"/> I had some drinks with ice. <input type="checkbox"/> I had raw food (including vegetables and fruits). <input type="checkbox"/> I had some food from the food stalls.
Insect Bite	<input type="checkbox"/> I was bitten by mosquitos. <input type="checkbox"/> I was bitten by ticks. <input type="checkbox"/> I was bitten by other insects such as ( ). When? ( )
Animal Contact	<input type="checkbox"/> I was bitten by an animal. What animal? ( ) <input type="checkbox"/> I touched an animal. What animal? ( ) <input type="checkbox"/> I approached an animal. What animal? ( )
Play in the Water	<input type="checkbox"/> I got in the river/lake. <input type="checkbox"/> I swam in the river/lake. <input type="checkbox"/> I touched the water of the lake/river. <input type="checkbox"/> I rode a boat on the river/lake.
Sexual Behavior	<input type="checkbox"/> I had sexual relationships with many people. Particular sexual behavior ( )
People	<input type="checkbox"/> I had a contact with a person who was sick. What kind of sickness? ( )
On-site Treatment	<input type="checkbox"/> I took a medical treatment for Malaria. <input type="checkbox"/> I took a medical treatment with needles. <input type="checkbox"/> I took a medical treatment such as ( ).

History of vaccinations and malaria chemoprophylaxis

Types of vaccinations, Malaria Prophylactic Drug	<input type="checkbox"/> Yellow fever <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Rabid <input type="checkbox"/> Polio <input type="checkbox"/> Other vaccinations ( ) <input type="checkbox"/> Malaria Prophylactic Drug
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