

Additional Information for Travelers with Seizures

Please complete this form if the traveler has a history of seizures and a seizure has occurred in the last two (2) years.

Traveler's Name

City and State

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers, warning signs and/or behavior changes prior to seizures: _____

Traveler's reaction to seizure: _____

Usual time of day seizure occurs (if any): _____

Average length of time until traveler can return to regular activities: _____

Basic Seizure First Aid

- ✓ Stay calm & track time
- ✓ Keep traveler safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with traveler until fully conscious
- ✓ Record seizure in log

For grand mal seizure

- ✓ Protect head
- ✓ Keep airway open / watch breathing
- ✓ Turn traveler on side

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (grand mal) seizure lasts longer than five (5) minutes
- ✓ Traveler has repeated seizures without regaining consciousness
- ✓ Traveler has a first time seizure
- ✓ Traveler is injured or has diabetes
- ✓ Traveler has breathing difficulties
- ✓ Traveler has a seizure in water

Seizure Medication and Treatment Information

Does the traveler take emergency/rescue medication? Yes _____ No _____

Medication	Dosage	Administration Instructions (timing ^{*1} & method ^{*2})	What to do after administration

*1 – After 2nd or 3rd seizure, for cluster of seizures, etc

*2 – Orally, under tongue, etc.

Should any of these medications be administered in a special way? YES _____ NO _____

If YES, please explain _____

Should any particular reaction be watched for? YES _____ NO _____

If YES, please explain _____

Does the traveler have a Vagus Nerve Stimulator (VNS)? YES _____ NO _____

If YES, please describe instructions for appropriate magnet use: _____

Please list any other information that would be helpful for our staff to know regarding this traveler and seizures: _____

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