



# PlaquePsoriasis.com

## THE ULTIMATE TRAVEL CHECKLIST

Trip Name: \_\_\_\_\_

### BEFORE leaving:

- |                                                                    |                                                                            |                                                     |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Check medicine supply*                    | <input type="checkbox"/> Research pre-boarding process*                    | <input type="checkbox"/> Check weather forecast     |
| <input type="checkbox"/> Get doctor's note signed*                 | <input type="checkbox"/> Research luggage policy                           | <input type="checkbox"/> Charge electronics         |
| <input type="checkbox"/> Doctor's contact info                     | <input type="checkbox"/> Check if refrigerator in hotel<br>(for biologics) | <input type="checkbox"/> Print up itinerary         |
| <input type="checkbox"/> Emergency contact info                    | <input type="checkbox"/> Check ID's expiration dates                       | <input type="checkbox"/> Check in for flight online |
| <input type="checkbox"/> Pharmacy contact info                     | <input type="checkbox"/> Arrange pet sitter/house sitter                   | <input type="checkbox"/> Set alarm                  |
| <input type="checkbox"/> Order/Pick up RX                          | <input type="checkbox"/> Water plants                                      | <input type="checkbox"/> _____                      |
| <input type="checkbox"/> Copy RX and Doctor's<br>note for airport* | <input type="checkbox"/> Hold mail                                         | <input type="checkbox"/> _____                      |
| <input type="checkbox"/> _____                                     | <input type="checkbox"/> Pay bills in advance                              | <input type="checkbox"/> _____                      |
| <input type="checkbox"/> _____                                     | <input type="checkbox"/> _____                                             | <input type="checkbox"/> _____                      |
| <input type="checkbox"/> _____                                     | <input type="checkbox"/> _____                                             | <input type="checkbox"/> _____                      |

*\*For longer/international trips, check supply and bring a few extra days of dosage. You may need to contact insurance company and pharmacy for extra supply approval. Also, a medical note may be required to transport some medications, needles, etc.*

### PACKING LIST

*As you put these items into your suitcase, simply check it off the list  
Note: to reduce the travel stress, it may be better suited to pack a few days in advance (vs. the night before)*

- |                                               |                                                             |                                              |
|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Jacket               | <input type="checkbox"/> Facial cleanser                    | <input type="checkbox"/> Camera              |
| <input type="checkbox"/> Jeans                | <input type="checkbox"/> Shampoo/Conditioner                | <input type="checkbox"/> Headphones          |
| <input type="checkbox"/> Tops                 | <input type="checkbox"/> Hair products                      | <input type="checkbox"/> Phone               |
| <input type="checkbox"/> Dress outfit         | <input type="checkbox"/> Hair dryer*                        | <input type="checkbox"/> Electronic chargers |
| <input type="checkbox"/> Sweatshirt/loose top | <i>*Most hotels have hair dryers;<br/>may not be needed</i> | <input type="checkbox"/> Wallet              |
| <input type="checkbox"/> Undergarments        | <input type="checkbox"/> Moisturizer                        | <input type="checkbox"/> Identification      |
| <input type="checkbox"/> Socks                | <input type="checkbox"/> Body lotion/cream                  | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Comfy shoes          | <input type="checkbox"/> Deodorant                          | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Rain gear            | <input type="checkbox"/> Toothbrush/Toothpaste              | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Wide rim hat         | <input type="checkbox"/> Floss                              | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Sunglasses           | <input type="checkbox"/> Razor                              | <input type="checkbox"/> _____               |
| <input type="checkbox"/> Watch                | <input type="checkbox"/> Shaving cream                      | <input type="checkbox"/> _____               |
| <input type="checkbox"/> SPF clothing         | <input type="checkbox"/> Sunscreen                          | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> After-sunscreen lotion             | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> Lip balm                           | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> Tweezers                           | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> Nail clippers                      | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> Glasses/contacts                   | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                | <input type="checkbox"/> Hand sanitizer                     | <input type="checkbox"/> _____               |
|                                               | <input type="checkbox"/> Soft washcloth/towel               | <input type="checkbox"/> _____               |

### **\*IMPORTANT\***

Put medications in carry on luggage

**Enjoy Your Trip!**