

TRAVEL MEDICINE AND IMMUNIZATION

Health History and Travel Itinerary

In order to provide for best use of the time allotted in your travel medicine appointment, please complete and submit the following information in advance of your appointment, to the best of your ability. Thank you!

Traveler's Name: _____ **Class:** _____

Medical History

Chronic illnesses: On this item, check any that apply to yourself or to a close contact (roommate, immediate family):

- Cancer Lymphoma Leukemia Immune Deficiency

Other chronic illnesses:

- Ulcer Asthma Diabetes Seizure disorder
 Other: _____

Major surgery:

- Gastrectomy Ulcer Splenectomy Other: _____

Medications: On this item, check any that apply to yourself or to a close contact:

- Steroids Immunosuppressants Chemotherapy

For the next set, check only those which apply to yourself:

- Antacids, incl. Zantac, Tagamet, Pepcid Other: _____

Allergies:

- Aspirin Eggs Serum or Vaccine
 Sulfa Penicillin Other: _____

Prior travel immunizations received (bring yellow vaccination record if possible):

- Hepatitis A Yellow Fever Typhoid Other: _____

Any other health information: _____

Do you have any physical limitations?

Do you have any history of psychiatric problems?

Travel Itinerary

Departure Date: _____

Originating from: _____

- | | |
|---|---|
| 1. To: _____
Country, region and town if known | Length of Stay: _____ , then
Days/Weeks (circle) |
| 2. To: _____
Country, region and town if known | Length of Stay: _____ , then
Days/Weeks (circle) |
| 3. To: _____
Country, region and town if known | Length of Stay: _____ , then
Days/Weeks (circle) |
| 4. To: _____
Country, region and town if known | Length of Stay: _____ , then
Days/Weeks (circle) |
| 5. To: _____
Country, region and town if known | Length of Stay: _____ , then
Days/Weeks (circle) |

Returning to: _____

Return date: _____

Mode of Transportation: Air Sea Other: _____

Will you travel to rural or outlying areas? _____

Will you stay with a host family? _____

Do you expect to work with animals? _____

Will you work in a health care capacity, or be likely to come in contact with blood or body fluids? _____

Do you plan any high altitude climbing or trekking? _____