

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 5/24/98 Name Zachary Vanell St

1. What is the reason for your visit today shots
2. List allergies you have to medicines, foods or iodine: none
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): Claritin

4. Have you had any of the following: (circle if this applies to you):

Heart disease no

Kidney disease /

Stomach/Gastrointestinal disease /

Diabetes/sugar /

5. Are you immunocompromised? (Is there a problem with your immune system) Yes No ☒

Thymus disorder (Myasthenia gravis, thymoma, thymectomy) no

Spleen removed no

Transplant recipient /

Cirrhosis of the liver /

Cancer /

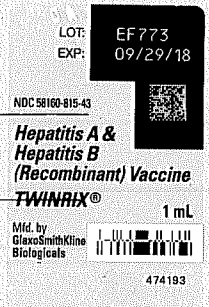
HIV /

6. How often do you drink beer, wine, wine cooler, or liquor? (Please circle)
Never / Rarely / 1-2 times a week / 3-4 times a week / 5 or more times a week

7. Where are you going on your trip? USAFA

8. How long is your trip? Months Days

9. When are you leaving on your trip? June 27



FOR FEMALES ONLY

- A. Date of your last period? Have you had a hysterectomy? YES NO
- B. Are you currently pregnant? YES NO
What is your due date?
- C. Do you plan to become pregnant in the next 3 months? YES NO
- D. Are you breastfeeding? YES NO

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME

Zachary VanHest

DATE OF BIRTH

7/21/98
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☒	☐	☐

Tetanus & Flu

FORM COMPLETED BY

[Signature]

DATE

5/24/17

FORM REVIEWED BY

DATE

Did you bring your immunization record card with you?

yes ☐

no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.



Hepatitis A and B Reminder

Date: 6/9/17

Dear Zachary:

Your second Hepatitis A and B (Twinrix) vaccine is due on 6/23/2017. Please call the Student Health Center at Auburn Montgomery for an appointment as soon as possible at 244-3281, to continue receiving your immunization as scheduled.

In order to stay within the recommended schedule, you should receive your next dose by 7/7/2017.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

Amy Morris, RN-BC

Amy Morris, RN-BC 
AUM-Nursing Care Center