

# AUM Student Health Services - Travel Health History

Date: 12/4/2019 Name: Carlos Ortiz

1. What is the reason for your visit today? VACCINE / TRIP TO SOUTH AFRICA
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): BLOOD PRESSURE MEDS  
LISINPRIL / HYDROCHLOROTHIAZIDE / AMLODIPINE / METOPROLOL
4. Have you had any of the following? (Check if this applies to you):  
Heart Disease ☐ Stomach/Gastrointestinal Disease ☐  
Kidney Disease ☐ Diabetes/Sugar ☐
5. Are you immunocompromised? (Is there a problem with your immune system)  
Yes ☐ No ☐  
Thymus Disorder (Myasthenia gravis, Thymoma, Thymectomy) ☐  
Spleen removed ☒ Transplant recipient ☐  
Cirrhosis of the liver ☐ Cancer ☐ HIV ☐
6. How often do you drink beer, wine, wine cooler or liquor?  
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? SOUTH AFRICA
8. How long is your trip? Months \_\_\_\_\_ Days ~ WEEK 17 DAYS
9. When are you leaving on your trip? DEC 20

## For Females Only

- A. Date of your last period? \_\_\_\_\_ Have you had a hysterectomy? Yes ☐ No ☐
- B. Are you currently pregnant? Yes ☐ No ☐ Due date: \_\_\_\_\_
- C. Do you plan to become pregnant in the next 3 months? Yes ☐ No ☐
- D. Are you breastfeeding? Yes ☐ No ☐