

AUM Student Health Services - Travel Health History

Date: 02/11/2020 Name: Phillip Neighbors

1. What is the reason for your visit today? Typhoid Hepatitis A? Vaccine
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): _____
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 immunocomprised? (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? Costa Rica
8. How long is your trip? Months _____ Days 7 d
9. When are you leaving on your trip? March 01, 2020

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 ☐