

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 4/18/17 Name Madeline Brazil

1. What is the reason for your visit today travel vaccinations
2. List allergies you have to medicines, foods or iodine: _____
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): penicillin
Nyquil daytime - Clarispray

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

Heart disease _____

Kidney disease _____

Stomach/Gastrointestinal disease _____

Diabetes/sugar _____

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

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? (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? Quito Ecuador

8. How long is your trip? Months _____ Days 10

9. When are you leaving on your trip? 6/16/17

FOR FEMALES ONLY

- A. Date of your last period? 5/21/17 Have you had a hysterectomy? YES _____ NO X

- B. Are you currently pregnant? YES _____ NO X

What is your due date? _____

- C. Do you plan to become pregnant in the next 3 months? YES _____ NO X

- D. Are you breastfeeding? YES _____ NO X