

UM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 05.25.17 Name LToya Bryant

1. What is the reason for your visit today International Travel Vaccines
2. List allergies you have to medicines, foods or iodine: Shellfish
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): None
4. Have you had any of the following: (circle if this applies to you);
Heart disease N/A
Kidney disease N/A
Stomach/Gastrointestinal disease N/A
Diabetes/sugar N/A
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? (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? South Africa (Johannesburg)
8. How long is your trip? Months _____ Days 14
9. When are you leaving on your trip? June 13th

FOR FEMALES ONLY

- A. Date of your last period? 05/07/17 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 ☒