

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 8/31/18 Name Donald Robinson

1. What is the reason for your visit today Military Appointed Appointment
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): 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) N/A

Spleen removed N/A

Transplant recipient N/A

Cirrhosis of the liver N/A

Cancer N/A

HIV N/A

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? _____

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

9. When are you leaving on your trip? _____

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 _____

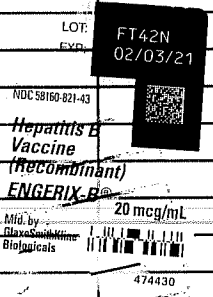
**AUM Student Health Services
Immunization Record**

Patient Name: _____

Birthdate: _____

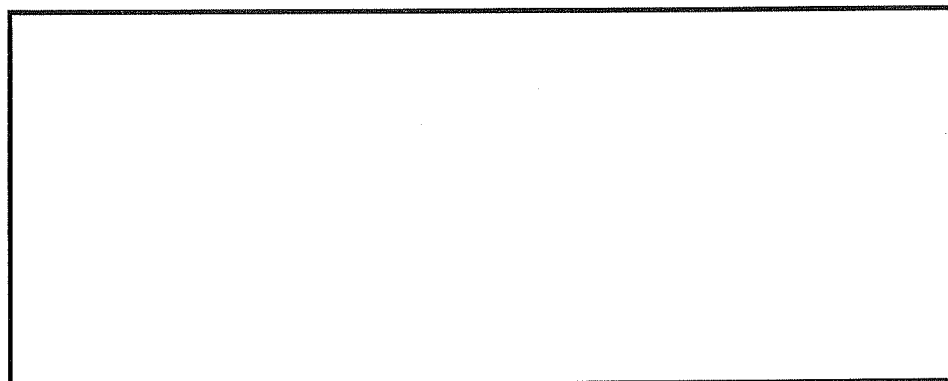
Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B	9/5/18	LD	1.0cc			7/16	AM
Other							



Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature



STAMP ABOVE