

AUM STUDENT HEALTH CENTER  
TRAVEL HEALTH HISTORY

Date 6/5/17 Name Ali Mitunuu

1. What is the reason for your visit today Travel Vaccine & Rx's
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

Kidney disease

Stomach/Gastrointestinal 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? (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? Cajamarca, PERU

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

9. When are you leaving on your trip? July 14th, 2017

**FOR FEMALES ONLY**

- A. Date of your last period? 5-20 Have you had a hysterectomy? YES ☐ NO ☒

- B. Are you currently pregnant? YES ☐ NO ☒

What is your due date? X

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

- D. Are you breastfeeding? YES ☐ NO ☒