

AUM STUDENT HEALTH CENTER  
TRAVEL HEALTH HISTORY

Date 6-16-17 Name Anne Katherine Fike

1. What is the reason for your visit today vaccinations for trip
2. List allergies you have to medicines, foods or iodine: \_\_\_\_\_  
ibuprofen
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): zantac, occasional prevacid
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? China Shanghai, China  
8. How long is your trip? Months \_\_\_\_\_ Days \_\_\_\_\_ 8 weeks  
9. When are you leaving on your trip? JUN 21

**FOR FEMALES ONLY**

- A. Date of your last period? jak 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 Y