

Auburn University Montgomery

Warhawk Health Services

Travel Health History

Name: Shemekwa Farrow DOB: 10-27-79
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1. **Travel Itinerary:** List **ALL** countries you might visit in order of travel. Include layovers IF in South America, Africa, or Panama.

Arrival Date	Country (list ALL you may visit)	City/Region	Departure Date from area
10-23-22	Doha		10-23-22
10-23-22	Kenya	Africa	10-23-22
10-24-22	Nairobi	Africa	10-24-22 10-29
10-24-22	Diani	Africa	11-21-22

Return date to the United States:

Reason for travel: ☐ Study abroad ☐ Medical/Dental work with patient contact ☐ Vacation ☒
☐ Conference ☐ Business ☐ Visit family/friends ☐ Other:

2. Immunization History (with dates)

Tetanus (most recent): Tdap	Td 10-20-93	Varicella: 1: <u>had as a kid</u>
MMR: 1: <u>had as a kid</u>		Pneumococcal: 7-15-11
Hepatitis B: 1: 2: 3:		Influenza (most recent):
Hepatitis A: 1: 2:		Typhoid (most recent): Injection: Oral:
Polio: <u>had as a kid</u>		Yellow Fever:
Meningococcal (MenACWY):		COVID: Brand: <u>Pfizer</u> Date: <u>9-19-21; 10-10-21</u>

3. **Risk assessment: Please check all that apply.** ☐ Work with animals ☐ Visit/work near swamps, rice, or pig farms ☐ Rural areas ☐ Urban areas ONLY ☐ Camp/hike ☐ Stay with local family ☐ High altitude (over 8,000ft)

Accommodations: ☒ Hotel with air conditioning ☐ Hotels with screening ☐ Local housing/apartment ☒ Tent ☐ Unknown

4. Medical Conditions: check all that apply.

☐ Heart Problems	☐ HIV/AIDS	☐ Sickle Cell Anemia
☐ Seizure Disorder	☐ Cancer	☐ Splenectomy
☒ Diabetes	☐ Receiving Chemotherapy/Radiation	☐ Thymus Disorders: Myasthenia Gravis, DiGeorge Syndrome, Thymoma, Thymectomy
☐ Severe Headaches	☐ Immune Deficiency	☐ Gastrointestinal Disease
☐ Kidney Disease	☐ Transplant Recipient	☐ COPD or Asthma
☐ Cirrhosis of the Liver	☐ Psychiatric Disorder	☐ Tuberculosis

Medical Conditions not listed above: _____ ☐ None

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5. Allergies/reactions to medications, vaccines, food, and/or insects: NA6. Medications (including supplements and OTC medications): Ozempic ; Janumet, Lisinopril, Womens one a day.

For Females Only

7. Date of your last period: 2020 Have you had a hysterectomy? ☒ Yes ☐ No
8. Are you currently pregnant? ☐ Yes ☒ No
9. Do you plan to become pregnant in the next 3 months? ☐ Yes ☒ No
10. Are you breastfeeding? ☐ Yes ☒ No

Travel Advise/ Risks Discussed

Risk/Advice	Yes	No	N/A	Risk/Advice	Yes	No	N/A
Bite Avoidance	☒	☐	☐	Sun Protection	☒	☐	☐
Food/Water Hygiene	☒	☐	☐	Bodily Fluid Infections	☒	☐	☐
Blood Borne Viruses	☒	☐	☐	Traveler's Diarrhea	☒	☐	☐
Rabies	☒	☐	☐	Other:	☐	☐	☐

For chronic conditions, I will check with my physician to discuss my care during travel, how to handle a worsening of symptoms, and if I should avoid specific vaccines. I read the CDC recommendations for my itinerary and relevant topics at [cdc.gov/travel](https://www.cdc.gov/travel) and the CDC Traveler Information Center.

Signature: Stanow Date: 4-26-22Reviewed by: M. Fair CNP Date: 4-26-22