

UM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 2/11/2011 Name Saime Andrews

1. What is the reason for your visit today polio vaccination
2. List allergies ~~you have~~ to medicines, foods or iodine: sulfonamides; nitrofurantoin - rash
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): Yaz birth control

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 X

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? India

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

9. When are you leaving on your trip? March 11

FOR FEMALES ONLY

- A. Date of your last period? Jan/11 Have you had a hysterectomy? YES _____ NO X

- B. Are you currently pregnant? YES _____ NO X

What is your due date? _____

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

- D. Are you breastfeeding? YES _____ NO X