

TRUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 6/2/16 Name Mary Adams

1. What is the reason for your visit today vaccines for trip
2. List allergies you have to medicines, foods or iodine:
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs):
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? Honduras
8. How long is your trip? Months Days 10
9. When are you leaving on your trip? July 22

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 ✓