

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 6-1-17 Name Cassidy Bailie

1. What is the reason for your visit today immunizations
2. List allergies you have to medicines, foods or iodine: N/A
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): N/A

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? Malawi, Africa

8. How long is your trip? Months 1 Days 300

9. When are you leaving on your trip? Jun 29th

5-5-17 **FOR FEMALES ONLY**

- A. Date of your last period? 5-5-17 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 ✓