

Auburn University Montgomery

Warhawk Health Services

Travel Health History

Name: Jacques Shepard DOB: 10-18-07
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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
10-23-2022	Doha		10-23-22
10-23-2022	Nairobi	→ Africa	10-23-22
10-29-2022	Africa	Diani	10-29-22 11-1-22
11-1-2022	Africa	Kenya	

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 10-19-18 Td	Varicella: 1: 7-27-09 2: 12-8-11
MMR: 1: 12/1/06 2: 11/27/12	Pneumococcal: 1-3-08, 2-18-08, 7-18-08
Hepatitis B: 1: 10-18-02 11-19-07 3: 4-18-08	Influenza (most recent):
Hepatitis A: 1: 4-21-09 2: 1-28-10	Typhoid (most recent): Injection: Oral:
Polio: 1-3-08, 2-18-08, 1-20-09, 12-8-11	Yellow Fever:
Meningococcal (MenACWY): 10-19-18	COVID: Brand: Pfizer Date: 9-19-21; 10-10-21

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

Auburn University Montgomery
Warhawk Health Services
Travel Health History

5. Allergies/reactions to medications, vaccines, food, and/or insects: NA

6. Medications (including supplements and OTC medications): NA

For Females Only

7. Date of your last period: _____ 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 and the CDC Traveler Information Center.

Signature: Stanow (parent) Date: 4-26-97

Reviewed by:

M. Fairclerk

Date:

4-26-22