

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 7-15-16 Name [Signature]

1. What is the reason for your visit today Vaccinations
2. List allergies you have to medicines, foods or iodine: Penicillin
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 X
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? Quito, Ecuador + Manta Ecuador
8. How long is your trip? Months _____ Days 10
9. When are you leaving on your trip? Sept. 5, 2016

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 _____