

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 2-17-17 Name Sarah Elizabeth Atkins

1. What is the reason for your visit today vaccines
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): probiotic
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? Haiti
8. How long is your trip? Months _____ Days 7 days
9. When are you leaving on your trip? March 18th

FOR FEMALES ONLY

- A. Date of your last period? 2-15-17 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