

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 2-1-18 Name Leanne Lince

1. What is the reason for your visit today Immunizations
2. List allergies you have to medicines, foods or iodine: none
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): Pravastatin, Levothyroxine, Baby Aspirin
4. Have you had any of the following: (circle if this applies to you):
 - Heart disease
 - Kidney disease Kidney stones
 - 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? South Africa
8. How long is your trip? Months Days 8 days
9. When are you leaving on your trip? March 15

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 ✓

