

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date Feb 2, 2018 Name Pamela Bergmann

1. What is the reason for your visit today Travel Vaccines
2. List allergies you have to medicines, foods or iodine: none known
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): mobic, synthroid, estradiol

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? Zambia

8. How long is your trip? Months _____ Days 10

9. When are you leaving on your trip? June 25, 2018

FOR FEMALES ONLY

- A. Date of your last period? X 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 ☒