

FROM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 5/5/17 Name Bethany Balkum

1. What is the reason for your visit today Typhoid fever vaccination
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): Amox-Clav
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) no
Spleen removed no
Transplant recipient no
Cirrhosis of the liver no
Cancer no
HIV no
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? ~~May~~ Honduras
8. How long is your trip? Months _____ Days 8
9. When are you leaving on your trip? May 17th, 2017

FOR FEMALES ONLY

- A. Date of your last period? 4/22/17 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