

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date _____ Name _____

1. What is the reason for your visit today shots
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): none
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? Honduras
8. How long is your trip? Months _____ Days 7
9. When are you leaving on your trip? May 17, 2017

FOR FEMALES ONLY

- A. Date of your last period? 5-29-17 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 ☒