

AUM Student Health Services - Travel Health History

Date: 10/17/2019 Name: Nancy Hailstone

1. What is the reason for your visit today? Immunization Hep A
2. List allergies you have to medicines, foods or iodine: Meds - Pseudoephedrine
Codine
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): Breo, Theophylline, HCTZ, Losartan, Augmentin, Aciphex
Bactrim, Mult Vit, Vit C, Calcium, D3, Magnesium, Nasacort, Potassium
4. Have you had any of the following? (Check if this applies to you):
Heart Disease ☐ Stomach/Gastrointestinal Disease ☒ GERD
Kidney 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?
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? Feb 22, 2020

For Females Only

- A. Date of your last period? 2010 Have you had a hysterectomy? Yes ☐ No ☒
- B. Are you currently pregnant? Yes ☐ No ☐ Due date: _____
- C. Do you plan to become pregnant in the next 3 months? Yes ☐ No ☐
- D. Are you breastfeeding? Yes ☐ No ☐