

UM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 03/18/16 Name Chersa Besong

1. What is the reason for your visit today Yellow fever & Typhoid vaccine
2. List allergies you have to medicines, foods or iodine: NO
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): kids multi vitamins
4. Have you had any of the following: (circle if this applies to you);
Heart disease NO
Kidney disease NO
Stomach/Gastrointestinal disease NO
Diabetes/sugar NO
5. Are you immunocompromised? (Is there a problem with your immune system) Yes NO No ✓
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? Cameroon
8. How long is your trip? Months Days 21
9. When are you leaving on your trip? March 22, 2016

FOR FEMALES ONLY

- A. Date of your last period? NA Have you had a hysterectomy? YES NO ✓
- B. Are you currently pregnant? YES NO ✓
What is your due date? NA
- C. Do you plan to become pregnant in the next 3 months? YES NO ✓
- D. Are you breastfeeding? YES NO ✓