

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 3/12/15 Name Sarah Maje Bragg

1. What is the reason for your visit today Malaria pills & typhoid shot
2. List allergies you have to medicines, foods or iodine: fire ants
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): ibuprofen

4. Have you had any of the following: (circle if this applies to you;):

N/A 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 _____

w/A 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? Campanero, Honduras

8. How long is your trip? Months 0 Days 9

9. When are you leaving on your trip? March 20, 2015

FOR FEMALES ONLY

- A. Date of your last period? 2/20/15 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 ☒