

CLINICAL STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 11 Apr 17 Name Amber Brashy

1. What is the reason for your visit today immunizations
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 X
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? UAE, Kuwait, Afghanistan
8. How long is your trip? Months 4 Days _____
9. When are you leaving on your trip? next week

FOR FEMALES ONLY

- A. Date of your last period? 20 Mar 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

RAM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 11 Dec 2015 Name Amber Brasher

1. What is the reason for your visit today Immunizations
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 X
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? Afghanistan
8. How long is your trip? Months 12 Days _____
9. When are you leaving on your trip? January 24th

FOR FEMALES ONLY

- A. Date of your last period? 1 Dec 2015 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