

Auburn University Montgomery

Warhawk Health Services

Travel Health History

Name: Wyeth Holt Speir IV DOB: 10/6/05
 Address: 2320 Rosemont Circle Montgomery, AL 36106
 Phone: 234 233-2522

1. **Travel Itinerary:** List ALL countries you might visit in order of travel. Include layovers IF in South America, Africa, or Panama.

Arrival Date	Country (list ALL you may visit)	City/Region	Departure Date from area
6/9/22	Tanzania	Kilimanjaro	7/1/22

Return date to the United States: 7/1/22

Reason for travel: ☐ Study abroad ☐ Medical/Dental work with patient contact ☒ Vacation ☐
 Conference ☐ Business ☐ Visit family/friends ☐ Other:

2. **Immunization History (with dates)** See attached

Tetanus (most recent): Tdap <u>12/8/16</u>	Varicella: 1: <u>10/06</u> 2: <u>12/2010</u>
MMR: 1: <u>10/18/06</u> 2: <u>12/7/10</u>	Pneumococcal:
Hepatitis B: 1: <u>10/05</u> 2: <u>12/05</u> 3: <u>4/06</u>	Influenza (most recent):
Hepatitis A: 1: <u>10/16/05</u> 2: <u>5/8/07</u>	Typhoid (most recent): Injection: Oral:
Polio:	Yellow Fever:
Meningococcal (MenACWY): <u>12/8/16</u>	COVID: Brand: Date:

3. **Risk assessment: Please check all that apply.** ☐ Work with animals ☐ Visit/work near swamps, rice, or pig farms ☐ Rural areas ☐ Urban areas ONLY ☒ Camp/hike ☐ Stay with local family ☒ High altitude (over 8,000ft)

Accommodations: ☒ Hotel with air conditioning ☒ Hotels with screening ☐ Local housing/apartment ☐ Tent ☐ Unknown

4. **Medical Conditions: check all that apply.**

☐ Heart Problems	☐ HIV/AIDS	☐ Sickle Cell Anemia
☐ Seizure Disorder	☐ Cancer	☐ Splenectomy
☐ Diabetes	☐ Receiving Chemotherapy/Radiation	☐ Thymus Disorders: Myasthenia Gravis, DiGeorge Syndrome, Thymoma, Thymectomy
☐ Severe Headaches	☐ Immune Deficiency	☐ Gastrointestinal Disease
☐ Kidney Disease	☐ Transplant Recipient	☐ COPD or Asthma
☐ Cirrhosis of the Liver	☐ Psychiatric Disorder	☐ Tuberculosis

Medical Conditions not listed above: _____ ☒ None

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5. Allergies/reactions to medications, vaccines, food, and/or insects: None

6. Medications (including supplements and OTC medications): Arimidex - 1mg po daily

For Females Only

7. Date of your last period: _____ Have you had a hysterectomy? ☐ Yes ☐ No

8. Are you currently pregnant? ☐ Yes ☐ No

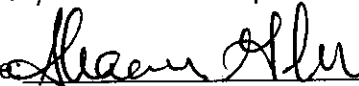
9. Do you plan to become pregnant in the next 3 months? ☐ Yes ☐ No

10. Are you breastfeeding? ☐ Yes ☐ No

Travel Advise/ Risks Discussed

Risk/Advice	Yes	No	N/A	Risk/Advice	Yes	No	N/A
Bite Avoidance	☐	☐	☐	Sun Protection	☐	☐	☐
Food/Water Hygiene	☐	☐	☐	Bodily Fluid Infections	☐	☐	☐
Blood Borne Viruses	☐	☐	☐	Traveler's Diarrhea	☐	☐	☐
Rabies	☐	☐	☐	Other:	☐	☐	☐

For chronic conditions, I will check with my physician to discuss my care during travel, how to handle a worsening of symptoms, and if I should avoid specific vaccines. I read the CDC recommendations for my itinerary and relevant topics at cdc.gov/travel and the CDC Traveler Information Center.

Signature:  Date: 5/16/22

Reviewed by:

Date: