

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date _____ Name Robert W. Bradford, Jr.

1. What is the reason for your visit today typhoid shot; Hep A shot

2. List allergies you have to medicines, foods or iodine: IV dye

3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): _____

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

Heart disease _____

Kidney disease _____

Stomach/Gastrointestinal disease Nenal T.B

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 Melanoma

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? Costa Rica

8. How long is your trip? Months _____ Days 7

9. When are you leaving on your trip? April 7, 2018

~~FOR FEMALES ONLY~~

A. Date of your last period? _____ 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 _____