

Auburn University Montgomery

Warhawk Health Services

Travel Health History

Name: Christy Holding DOB: 6/13/1958
 Address: _____
 Phone: _____

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
January 16 2024	South Africa	Capetown Stellenbosch	Atlanta, GA

Return date to the United States:

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

2. Immunization History (with dates)

Tetanus (most recent): Tdap	Td	Varicella: 1:	2:
MMR: 1:	2:	Pneumococcal:	
Hepatitis B: 1:	2:	3:	Influenza (most recent):
Hepatitis A: 1:	2:	Typhoid (most recent):	Injection: Oral:
Polio:		Yellow Fever: <u>yes</u>	
Meningococcal (MenACWY):		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: amblyopia, IVIG infusions
thyroid medication ☐ None

Thyroid, depression, multiple sclerosis
CVID

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5. Allergies/reactions to medications, vaccines, food, and/or insects: penicillin

6. Medications (including supplements and OTC medications): Cymbalta, thyroid, IVIG

age 65 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](https://www.cdc.gov/travel) and the CDC Traveler Information Center.

Signature: [Signature] Date: 08/24/2023

Reviewed by: Dr. Blackman

Date: 8.24.23