University Health Center Travel Clinic:
Let's Talk about ***YOU*** and your ***TRIP***

The first step toward healthy travel is to share information. We need to know about you ***AND*** your trip so we can determine what your personal risks may be and what recommendations are best for you. Remember to bring this to your Travel Clinic appointment.

Today's Date: _____ Sex: ☐ Male ☐ Female

Name: _____ Date of Birth: _____

Allergies: ☐ Eggs ☐ Vaccines ☐ Meds ☐ Latex ☐ Gelatin

☐ Other: _____

Current Medications (or provide list): _____

_____

Departure date: _____ Return date: _____

Countries visiting: _____

Previous international travel (countries): _____

Have you ever lived in a country outside of the U.S.? ☐ Yes ☐ No

For women only

☐ Pregnant or planning to get pregnant ☐ Menopausal ☐ Currently breastfeeding

☐ Vaginitis or yeast infections problems ☐ Last menstrual period _____

Previous immunizations
(please list dates or have your record with you)

☐ Hepatitis A _____ ☐ Hepatitis B _____

☐ Hepatitis A/B _____ ☐ Hib _____

☐ HPV _____ ☐ Influenza (month/yr) _____

☐ Japanese Encephalitis _____ ☐ MMR _____

☐ Meningococcal _____ ☐ Men B _____

☐ Pneumococcal _____ ☐ PCV13 _____

☐ Polio _____ ☐ Rabies _____

☐ TB Test/PPD _____ ☐ Tetanus (Td or Tdap) _____

☐ Typhoid _____ ☐ Shingles (Zoster) _____

☐ Varicella (Chickenpox) _____ ☐ Yellow Fever _____

Have you ever had or currently have any of the following?

(Please answer "yes" by checking the box)

- ☐ Altitude or motion sickness
- ☐ Asthma
- ☐ Bleeding/clotting disorder
- ☐ Cancer: _____
- ☐ Chickenpox
- ☐ Dengue fever
- ☐ Diabetes
- ☐ Fainting from an injection/blood drawn
- ☐ G69D deficiency
- ☐ Guillain-Barré syndrome
- ☐ Hepatitis or yellow jaundice
- ☐ History of mental health problems
- ☐ HIV
- ☐ Immune disorder
- ☐ Irritable bowel syndrome
- ☐ Kidney disease/removal
- ☐ Malaria
- ☐ Measles
- ☐ MS (Multiple Sclerosis)
- ☐ Mumps
- ☐ Myasthenia gravis
- ☐ Neurological/brain disorder/infection
- ☐ Psoriasis
- ☐ Rubella (German measles)
- ☐ Seizure/epilepsy
- ☐ Severe diarrhea or constipation
- ☐ Spleen removed
- ☐ Taking steroids now
- ☐ Thymoma
- ☐ Thymus gland removed
- ☐ Transfusions in past six months
- ☐ Transplants
- ☐ Trouble sleeping *(some malaria meds are not recommended if you have depression/nightmares)*

Current tobacco use

☐ Cigarette ☐ Cigar ☐ Chewing ☐ E-Cigarettes ☐ Hookah

Other

Do you have a history of prior surgery?

☐ Yes ☐ No

If yes, list surgery types and dates: _____

Do you have a medical condition that warrants maintenance medications?

☐ Yes ☐ No

If yes, list them here: _____