

TRAVEL HEALTH HISTORY

Please indicate if you have a history or current problem relating to any of the following. If you answer "yes" by checking the box, please describe.

YOUR HEALTH:

- Heart disease

- Kidney disease

- Lung disease / asthma

- Diabetes

- Allergies
 - Eggs
 - Bees
 - Medications:

 - Other allergies:

- Stomach / Gastrointestinal disease

- Headaches

- Immunocompromised
 - Spleen removed
 - Transplant recipient
 - Cancer / chemotherapy
 - Cirrhosis of the liver
 - HIV_____

- Other medical conditions or concerns

- Mental health
 - Anxiety
 - Depression
 - Eating disorder
 - Other: _____
 - Hospitalized for:

- Surgery/hospitalization in the last 5 years:
_____ date: _____
_____ date: _____

- Have you ever fainted after a shot?

- Please list ANY medications you take either regularly or occasionally:

Do you have enough of your medications for your stay abroad?
 Yes No

- FOR WOMEN ONLY:**
- Pregnancy (*due date*) _____
 - Plan to become pregnant in next 3 months
 - Breastfeeding (*age of baby*) _____
 - History of vaginitis
 - Problems with urinary tract infections
 - Contraceptive measures _____

I AM PLANNING TO VISIT _____

(List ALL countries you may visit during your trip.)

DATES OF YOUR TRIP:

* When do you leave? _____

* Is it possible this date may change and you'll leave sooner, or later? Yes/When _____

* How long is your trip (in days/ months)? _____

* What season will it be at your destination? _____

* Where are you going and how long will you stay in each area?

ACCOMMODATIONS:

Hotel Private Home
 Camping Other _____

WHY ARE YOU TRAVELING?:

Leisure
 Adventure
 Visiting friends and/or relatives
 For a long time...or living abroad
 Research / field work with animals
 Study abroad
 Other

Provider Signature

Date

YOUR TRAVEL PERSONALITY

(check all that apply):

- I am a risk taker
- I am an adventure seeker
- I'm a little on the cautious side
- I like to eat exotic food

YOUR PLANS INCLUDE:

I plan to visit other countries besides the ones I listed.

* Have you planned (or will you plan) specific activities in each country?

- Excursions or side trips
- Safari
- Scuba diving / snorkeling
- Biking / Hiking
- Rafting
- High altitude (> 9,000 ft.)

* Do you have any nighttime plans?

GETTING FROM POINT A TO POINT B:

* What will you use for transportation once you arrive?

* Do you plan on renting a car for side trips? Yes No Don't know

* Will you ride a motorcycle or scooter? Yes No Don't know

NOTES:

