

NAME: _____ CHART NO: _____

DEPARTURE DATE: _____ RETURN DATE: _____

EMAIL ADDRESS: _____

CONSENT TO EMAIL TRAVEL ITINERARY: _____

(patient signature)

****PLEASE BRING YOUR IMMUNIZATION RECORDS WITH YOU TO YOUR APPOINTMENT****

CHECK EACH TRAVEL CATEGORY APPLICABLE TO YOUR TRIP:

Affluent Tourism (*hotels in urban or resort areas, hostels (minimal day time rural travel)*)

Business or Executive travel (*international hotels, staying in urban centers*)

Rural Travel, safari, camping and night exposure

Staying with relatives

Cruise: departing from _____

**If you are working please indicate the type of work which would apply to your travel:*

LIST IN ORDER THE COUNTRIES YOU PLAN TO VISIT, INCLUDING THE DATES YOU WILL BE THERE:

NAME OF COUNTRY:	CITIES:	DATES OF TRAVEL:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

MEDICAL CONDITIONS: MARK WITH X IF YOU HAVE ANY OF THE FOLLOWING MEDICAL PROBLEMS:

- | | | |
|--|-------------------------------|-------------------|
| Glucose – 6- phosphate dehydrogenase deficiency (G6PD) | Heart Disease | Pregnant |
| Currently have cancer | Lung Disease | Psoriasis |
| Have had cancer within the last 5 years | Liver Disease | Glaucoma |
| Currently receiving steroids | Kidney Disease | Taking Steroids |
| Have AIDS or are HIV positive | Diabetes | Myasthenia gravis |
| History of depression/psychosis/seizures/convulsions | DiGeorge syndrome | |
| Asthmatic/chronic bronchitis | Have had hepatitis (jaundice) | |
| Thymectomy/thymoma | | |
| Ear perforation/infections | | |
| Ulcerative colitis/Crohn’s Disease | | |
| Duodenal or gastric ulcer | | |

Allergy or severe reaction to: eggs sun medication sulfa insect bites Any Medications

On medication for high blood pressure, angina, irregular heart-beat or blood thinners (beta-blockers, calcium channel blockers, antiarrhythmics, heparin or coumadin)