

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)