

Health History

List Medical Conditions (e.g., heart disease, stroke, cancer, arthritis, diabetes, hypertension, psychiatric illnesses, etc.):

List Surgical History:

Allergies (include medications, foods (i.e., eggs, fish), and environmental allergens such as ragweed):

Intolerances or other reactions (include side effects from previous medications, such as nausea, constipation, sleepiness, dizziness, stomach upset, etc.):

Vaccination History

Were you born in the United States?

If no, where:

Have you received the following immunizations?

Hepatitis A:	When:	Hepatitis B:	When:
Meningococcal Meningitis:	When:	Measles/Mumps/Rubella	When:
Polio:	When:	Tetanus:	When:
Typhoid:	When:	Yellow Fever:	When:
Japanese Encephalitis:	When:	Influenza:	When?
Other:	When:		

Have you ever had an adverse reaction to an immunization?

Explain:



Medications

Are you currently using corticosteroids, receiving cancer treatment, or other immunosuppressive therapy?:

Prescription medications: List all current medications and condition treated. (Include birth control pills):

Prescription Medication	Reasons for Use/Medical Condition
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Nonprescription products: List all over-the-counter, herbal, homeopathic products, vitamins, supplements etc.

Nonprescription medications	Reason for Use/Medical Condition
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Women only

Are you pregnant now, or do you suspect that you might be pregnant?:

Do you have plans to become pregnant in the next 3 months?:

Date of your last menstrual period:

Questions/Concerns:

List any additional questions or concerns you have about your travel: