TRAVEL MEDICINE

ANDREW RADER US ARMY HEALTH CLINIC
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MEDICAL PREPARATION FOR INTERNATIONAL TRAVEL

Name	Sponsor's SSN (Last 4 only)		Daytime Phone
Unit & Address	Age	Sex	Occupation
	Place of Birth		Status ☐ AD ☐ DEP ☐ RET ☐ CIV ☐ Other:

Have you ever lived outside of the United States for longer than 6 months?
No Yes If yes, where and when?

TRAVEL PLANS

Date of Departure: _____ **Date of Return:** _____

ITINERARY (In order): **Country** **Cities/States** **Length of Stay**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Reason(s) for travel:
☐ Tourism ☐ TDY ☐ PCS
☐ Military deployment
☐ Business (non-military)
☐ Diplomatic/humanitarian mission
☐ Visiting friends/relatives

Locale(s):
☐ Urban ☐ Suburban ☐ Rural
☐ Jungle ☐ Mountains ☐ Beach

Special Activities:
☐ Snow sports ☐ Animal handling
☐ Water sports ☐ Mountaineering
☐ Safari ☐ Other:

From what sources do you anticipate obtaining meals?
☐ Restaurants ☐ Street vendors ☐ Family/friends ☐ Self-prepared ☐ Field rations

What forms of contact with indigenous persons do you expect?
☐ Meetings ☐ Social events ☐ Indoor crowds ☐ Physical contact ☐ Proximity to children

Accommodations:
☐ Hotel ☐ Private residence
☐ Campsite ☐ Hostel/dormitory
☐ Cruise ship ☐ Military base
☐ Other:

PERTINENT MEDICAL HISTORY

Prior travel to developing countries: ☐ No ☐ Yes If yes, where & when? _____

Prior travel illness: ☐ No ☐ Yes If yes, describe: _____

Prior travel medications: ☐ Malaria pills ☐ Anti-diarrheals ☐ Motion sickness pills ☐ Antibiotics ☐ Other:

Medical Conditions (past and current):
Heart disease (incl. arrhythmias) Lung disease (incl. asthma)
Diabetes High blood pressure Cancer Epilepsy (seizures)
Hepatitis GI problems (incl. ulcers) Psychiatric Chickenpox
Immune system disorder Ear/sinus problems Thyroid disease
Deep venous thrombosis Measles Polio Hives/urticaria

Allergies: None Eggs Thimerosol Sulfa
Penicillin Neomycin Polymyxin Sulfites
Bee stings Aluminum Streptomycin Neomycin
Amphotericin B Other:

Specify type of reaction:

Current Medications (prescription, OTC, herbals, and supplements):
None As listed below (include doses):

_____
_____
_____

Women's Health:

Are you currently pregnant or trying?	No	Yes
Are you currently breastfeeding?	No	Yes
Do you have frequent yeast infections?	No	Yes
Are you currently taking birth control pills?	No	Yes

STOP **STOP!** Please complete this side of the form only. Bring this form along with all medical and immunization records to your appointment. One form must be completed for each traveler.