The Village Drug Shop Travel Clinic – Travel Health & Immunizations 740 Prince Ave, Athens, GA 30606

Ph: 706-548-4444 Fax: 706-548-2193

INTERNATIONAL TRAVEL MEDICAL QUESTIONNAIRE

Today's Date:			Date of Birth:	Sex:	
			se list in order of visit		
Country & City/location	Arrival date	Depart date	Describe: urban or rural, activities, lodo	jing plans	
Reason for tra	 vel (circle all t	<u> </u>	<u> </u> sion Vacation Business Education	Medical Oth	er
_ist all allergie	s, sensitivities	, medications, f	foods, etc. If none, please indicate by o	checking the box	belov
_atex?			NO allergies	or sensitivities	
			fect from any vaccination? Yes or N		
الأيروم و			-		
ii yes, e	xplain:				
•				over the counter	,
Medication His	tory: Please lis	t all the medicati	ions you are currently taking, including		
Medication His	tory: Please lis	t all the medicati			
Medication His	tory: Please lis	t all the medicati	ions you are currently taking, including		
Medication His	tory: Please lis	t all the medicati	ions you are currently taking, including		
Medication His	tory: Please lis	t all the medicati	ions you are currently taking, including		
Medication His	tory: Please lis amins and mine	t all the medication and herbal erals, and herbal erals are the medication and herbal erals.	ions you are currently taking, including supplements. You may continue to list wer for each question below	on page 2 if ned	
Medication His medications, vit	tory: Please lise amins and mine ry: Please circle currently ill (fev	erals, and herbal	ions you are currently taking, including supplements. You may continue to list	on page 2 if ned	essar
Medication His medications, vit	tory: Please list amins and mine ry: Please circl currently ill (fev	e yes or no ans	ions you are currently taking, including supplements. You may continue to list wer for each question below atigue, nausea, vomiting, or diarrhea)	on page 2 if neo	essar
Medication Histor Medical Histor Are you of Have you Do you live system?	tory: Please list amins and mine amins and mine ary: Please circl currently ill (fever fainted from the correction work closs ave any deficies ave any deficies are are any deficies are any defi	e yes or no ans er, headache, farom having your sely) with anyor	ions you are currently taking, including supplements. You may continue to list wer for each question below atigue, nausea, vomiting, or diarrhea) blood drawn or from an injection?	on page 2 if ned Yes Yes Yes Yes	No No
Medication History Medical History Are you on Have you on you live system? Do you have hemother	tory: Please list amins and mine amins and mine amins and mine are greatly: Please circles are also are any deficite are any?	e yes or no ans er, headache, farom having your sely) with anyor	wer for each question below atigue, nausea, vomiting, or diarrhea) relood drawn or from an injection? ne who has a deficiency of the immunum system, or are you taking steroids	on page 2 if ned Yes Yes Yes	No No
Medication History Medical History Are you or Have you Do you live system? Do you he chemothed Is there as Do you or the system?	tory: Please list amins and mine amins and mine amins and mine are ry: Please circle currently ill (fevoleve fainted from the correct and deficite are any defi	e yes or no anser, headache, farom having your sely) with anyor ency of the immunity bear over 101	supplements. You may continue to list wer for each question below atigue, nausea, vomiting, or diarrhea) r blood drawn or from an injection? ne who has a deficiency of the immunum system, or are you taking steroids ant? degrees orally or an acute illness?	? Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No
Medication History Medical History Are you or Have you Do you live system? Do you he chemothed Is there as Do you or the system?	tory: Please list amins and mine amins and mine amins and mine are ry: Please circle currently ill (fevoleve fainted from the correct and deficite are any defi	e yes or no anser, headache, farom having your sely) with anyor ency of the immunity bear over 101	ions you are currently taking, including supplements. You may continue to list wer for each question below atigue, nausea, vomiting, or diarrhea) to blood drawn or from an injection? The who has a deficiency of the immunum system, or are you taking steroids ant?	? Yes Yes Yes Yes Yes Yes Yes Yes	No No No No
Medication History Medical History Are you on Have you have you have here a Do you control of you have you on here a Do you on here you	tory: Please list amins and mine amins and mine amins and mine are ry: Please circle currently ill (few lever fainted from the core any deficite are any deficite are any anticoagave a thymus of a thymus of the core are any anticoagave at thymus of the core are any anticoagave at thymus of the core are and the core are a thymus of the core are a	e yes or no ans er, headache, fa om having your sely) with anyor ency of the immu-	wer for each question below atigue, nausea, vomiting, or diarrhea) r blood drawn or from an injection? ne who has a deficiency of the immunum system, or are you taking steroids ant? degrees orally or an acute illness? tions or blood thinners? mas, myasthenia gravis, thymectomy)	P Yes	No No No No
Medication History Medical History Are you or Have you or Do you his system? Do you he chemother Is there a Do you or Are you or Do you he Have you or Have you	ry: Please list amins and mine amins and mine amins and mine are ry: Please circle currently ill (fevolute ever fainted from the control of t	e yes or no anset of herbal erals, and herbal erals, and herbal erals, and herbal erals, and herbal erals or no anset of herbal erals or having your ency of the immunity of t	supplements. You may continue to list wer for each question below atigue, nausea, vomiting, or diarrhea) r blood drawn or from an injection? ne who has a deficiency of the immunum system, or are you taking steroids ant? degrees orally or an acute illness? tions or blood thinners? mas, myasthenia gravis, thymectomy) mune globulin in the past 6 months?	P Yes	No No No No No No No
Medication History Medical History Are you or Have you ho you his system? Do you ho chemother Is there a Do you or Are you or Are you or Have you Have you Have you	tory: Please list amins and mine amins and mine amins and mine are ry: Please circle currently ill (few ever fainted from ever fainted from ever any deficite are any deficite erapy? I possibility you arrently have a por any anticoage are a thymus of thad a blood to had any surgi	e yes or no ans er, headache, fa com having your sely) with anyor ency of the immu- may be pregnated fever over 101 gulation medical disorder (thymoreansfusion or Immoreal procedure in	wer for each question below atigue, nausea, vomiting, or diarrhea) r blood drawn or from an injection? ne who has a deficiency of the immunum system, or are you taking steroids ant? degrees orally or an acute illness? tions or blood thinners? mas, myasthenia gravis, thymectomy)	? Yes	No No No No No No

Fever in past 48 hours High blood pressure Folic Acid deficiency Convulsions, seizures, epilepsy Diabetes Asthma / COPD Low platelet count/coag. Disorder Liver disease Tuberculosis / Lung disease **Psoriasis** Rheumatoid arthritis Depression/anxiety/psychiatric problems Stomach / bowel problems Eye disease / condition Kidney disease Cancer, chemo, radiation Insomnia, nightmares Thyroid disease Joint swelling High cholesterol Stroke Blood clots

Numbness, tingling, weakness

Do you use tobacco currently or in the past? Yes or	No If yes, how many packs/cans per day?		
Do you drink alcohol? Yes or No If yes, how many bewweek?	verages (12 oz beer, 5 oz wine, or 1.5 oz liquor) per		
Previous Vaccination History: Please indicate if you vaccinations by checking the appropriate box. If you please indicate what year they were administered:	have ever received any of the following u have received any of the vaccinations below,		
Hepatitis A: I have received in the past – Yes or No If yes: Did you receive 2 doses? Yes or No	Hepatitis B: I have received in the past – Yes or No If yes: Did you receive 3 doses? Yes or No		
Tetanus: I have received in the past – Yes or No Date received:	Typhoid: I have received in the past – Yes or No Date received:		
MMR (Measles, Mumps, Rubella): I have received in the past – Yes or No	Yellow I have received in the past – Yes or No Pever: Date received:		
Polio: I have received in the past – Yes or No Have you received this as an adult? Yes or No	Meningitis: I have received in the past – Yes or No Date received:		
Japanese Encephalitis: I have received in the past – Yes or No	Rabies: I have received in the past – Yes or No		
Influenza: I have received in the past – Yes or No (flu shot) Date received:	ZostaVax: I have received in the past – Yes or No (shingles) Date received:		
To the best of my knowledge, the questions on this form (pages the information I provided above is used to for my medical heal the Village Drug Shop Travel Clinic are safe and appropriate basincorrect information can lead to a delay in diagnosis and can be responsibility to inform the doctor's office of any change in my	th assessment in determining if medical services received by sed on my current health status. I understand that providing be dangerous and potentially fatal to my health. It is my		
Signature of patient or legal guardian	Date		
Printed name of signature, if it is not the named patient			
Signature of Witness	Date		

Printed name of Witness