



WINTHROP Travel Clinic

Date: QUESTIONNAIRE

Please fill out this form and return it to Health Services one week before your Travel Clinic appointment along with your immunization records.

You may have to check with your previous health care providers to get all this information.

PLEASE PRINT

Name: Date of birth: Sex: M F

Address: ID#: Phone Number:

INFORMATION ABOUT YOUR TRAVEL PLANS:

Date of departure: Date of return: Length of trip:

Please indicate, in the order in which you will visit them, the **countries/cities** to which you will be traveling. Also indicate length of stay in each country/city (bring complete details of itinerary to your appointment).

Any previous foreign travel? No Yes List countries and dates:

Is your travel to: Urban areas Rural areas Urban and rural areas (Please check one)

What is the reason for travel? (e.g. academic course, pleasure, medical work)

Is your travel with a Winthrop class or group? Yes No If yes, which group?

List all medications you are currently taking, either prescription or over-the-counter:

List Allergies:

Do you have any **existing medical conditions**, e.g. diabetes, heart disease, lung disease? Please explain:

Are you currently being treated for cancer? Yes No Do you have an immune system deficiency? Yes No

List any diseases or surgeries you have had. Note dates if possible.

QUESTIONS FOR WOMEN:

Are you pregnant, suspect you may be pregnant, or trying to become pregnant? Yes No Last Menstrual Period _____

If pregnant, how many weeks? _____ Are you breast feeding? Yes No

Do you have any special concerns or questions to be answered at your appointment?