Sonoma State University Student Health Center Travel Consultation Medical History Form

Patient must complete and turn in this form prior to making a travel consultation appointment at the Student Health Center

Page 1 – To be filled out by the patient

Last Name	First Name	Middle Name	Date of Birth	Age
What is your SSU enrollment st	atus during the propos	sed period of travel: \Box	Current SSU studen	it; 🗆 Continuing
SSU student (e.g. off for winter/sur due to graduating, transferring to		- 0	ter; 🗆 Will not be e	nrolled at SSU

Proposed Departure Date:	Proposed Return Date:	

Nature of trip (e.g. study abroad, vacation, hiking/camping, mountain climbing; working in or visiting health clinics/hospitals/prisons/shelters/orphanage/refugee camp or other other-please list)

Country to be visited	Length of Stay	Urban settings	Rural settings	High Altitude settings	Tropical settings

What is Your General Health Status:	Very Good	Average	Other
(describe)			

List Allergies (medications, foods, insect stings, skin contact)_____

List current or chronic medical conditions

List current acute (short term) medications (prescription & non-prescription).

List Chronic (ongoing) medications including contraceptives:

Are you under the care of a medical or mental health provider for an ongoing physical or mental health condition or for prescription medication management? List diagnosis & provider name & contact information:

Women: Are you pregnant or planning to attempt to get pregnant in the next three months:

Page 2 – Top portion to be filled out by the patient, bottom portion to be filled out by the SHC clinician

How will your ongoing medical conditions & medications be managed during your travel?

What plans have you made for obtaining medical care abroad, should the need arise?

Do you have any activity restrictions or need accommodations or assistance related to your physical or mental health? Yes I No Explain

Check the Types & List Dates Given of All Previous Immunizations

Vaccine:	Date Received:	Vaccine:	Date Received:
Tetanus, Td, Tdap		□Polio	
□Hepatitis A		□Japanese Encephalitis	
□Hepatitis B		□Rabies	
□Measles, Mumps, Rubella (MMR)		□Typhoid (oral)	
Most recent flu vaccine		Typhoid Injectable	
Meningococcal Vaccine (type)	_	□Yellow Fever	
□Varicella (Chicken Pox)		□Other (name)	
□HPV		□Other (name)	

Have you ever had a bad reaction to a vaccine?_____ If so, please list the vaccine involved and describe the reaction______

List the date and result of your most recent Tuberculosis Skin Test:

I certify that to the best of my knowledge, all the above information is true and correct.

Patient Signature

Date

The Following Section Is For Student Health Center Clinician Use Only

To be filled out by SSU SHC Clinician only

Findings, Plan, Patient Education:

Immunizations Recommended		Immunizations Given at SSU SHC – dose and date	
	Td/Tdap _		
	MMR		
	Hepatitis A		
	Hepatitis B		
	Typhoid		
	Influenza		
	Meningococcal		
	Polio		
	Rabies		
	Yellow Fever		
	Japanese Encephalitis		

Page 3 t	to be filled out by SSU SHC clinician only	
	TB screening questionnaire adminis Pre-travel TB testing is not incomplete Pre-travel TB testing recommend PPD performed on T-spot performed on	licated ended. Result:
Malari	a Prophylaxis Recommendation	
	Drug	Adult Dose
	None Indicated by patient's proposed itiner	ary.
	Chloroquine phosphate (Aralen)	500 mg: 1 tab <i>weekly</i> from 1-2 weeks before exposure until <i>4 weeks</i> after exposure
	Doxycycline	100 mg: 1 cap <i>daily</i> from 1-2 days before exposure until <i>4 weeks</i> after exposure.
	Mefloquine (Lariam)	250 mg: 1 tab <i>weekly</i> from 1 week before exposure until <i>4 weeks</i> after exposure.
	Atovaquone/proguanil (Malarone)	250/100mg: 1 tab <i>daily</i> from 1-2 days before exposure until 7 days after.

Prescriptions provided: (List date name, dose, quantity, instructions, quantity):

Medications recommended (OTC or future prescription): _____

Other Travel Related Topics Discussed:

Indications, contraindications, side effects & alternatives for immunizations & medications
Patient advised to have read and to again review travel information for their destinations and general
travel advice plus US State Department Travel information as described in attached SSU SHC Travel
Instructions: www.cdc.gov/travel/ & http://travel.state.gov including but not limited to Traveler's diarrhea,
parasite and insect/mosquito protection, travel survival. Related patient questions answered.
Zika related to at risk areas – mosquito and sexual transmission
Getting medical care abroad
Indications for post travel medical care (fever, persistent diarrhea, post travel TB testing, etc.)
Other:

SSU SHC Clinician Signature _____ Date _____ Date _____