

**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 status during the proposed period of travel: Current SSU student; Continuing SSU student (e.g. off for winter/summer break but enrolled @ SSU for coming semester); Will not be enrolled at SSU due to graduating, transferring to another campus or other reason.

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 3 to be filled out by SSU SHC clinician only

- TB screening questionnaire administered and reviewed.**
____ Pre-travel TB testing is not indicated
____ Pre-travel TB testing recommended.
 PPD performed on _____ Result: _____
 T-spot performed on _____ Result: _____

Malaria Prophylaxis Recommendation

<u>Drug</u>	<u>Adult Dose</u>
<input type="checkbox"/> None Indicated by patient's proposed itinerary.	
<input type="checkbox"/> Chloroquine phosphate (Aralen)	500 mg: 1 tab weekly from 1-2 weeks before exposure until 4 weeks after exposure
<input type="checkbox"/> Doxycycline	100 mg: 1 cap daily from 1-2 days before exposure until 4 weeks after exposure.
<input type="checkbox"/> Mefloquine (Lariam)	250 mg: 1 tab weekly from 1 week before exposure until 4 weeks after exposure.
<input type="checkbox"/> Atovaquone/proguanil (Malarone)	250/100mg: 1 tab daily 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** _____