



University of Massachusetts Boston  
University Health Services  
100 Morrissey Blvd., Boston MA 02125  
Phone: (617) 287-5660  
Fax: (617) 287-3977

### Travel Health History

Date of Appointment: \_\_\_\_\_

Please complete this form prior to your appointment, bring documentation of prior immunizations, medical history, allergies, list of current medications, and a World Health Organization (WHO) Yellow Book if you have one. Payment is expected at the time of your appointment by check or major credit card.

Name \_\_\_\_\_ Date \_\_\_\_\_

ID Number \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

#### Travel Plans

Date of departure from USA: \_\_\_\_\_ Date of return: \_\_\_\_\_

Type of trip: (business, mission, pleasure, to visit family) \_\_\_\_\_

Itinerary: (countries to be visited in chronological order)

Countries of Destination	Date of Arrival	Length of Stay	Locale (city, rural, jungle, Mts.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Are you traveling with a group/tour? \_\_\_\_\_
2. Have you traveled abroad in the past? \_\_\_\_\_  
Where? \_\_\_\_\_
3. What will be your water supply? \_\_\_\_\_
4. Do you know how to purify water? \_\_\_\_\_
5. Will you be mountain climbing or scuba diving? \_\_\_\_\_
6. Does your current medical insurance cover you for illness outside the U.S.? \_\_\_\_\_

### **Medical History**

1. Do you have any allergies? (medications, food, eggs, thimerisol, sulfa, neomycin, bee stings)  
\_\_\_\_\_
2. Are you currently being treated for cancer, or autoimmune disease? \_\_\_\_\_
3. Do you have any existing medical conditions such as diabetes, heart disease, or lung disease, psychiatric conditions, seizures, liver disease, psoriasis, lung or kidney disease or received blood products? Yes/ No  
Explain \_\_\_\_\_
4. List all medications you are currently taking including over the counter. \_\_\_\_\_
5. For women only. Are you pregnant, suspect you may be pregnant, trying to become pregnant, or breast feeding? \_\_\_\_\_