TRAVEL CLINIC FORM

Travel Clinic visits require an appointment. An initial travel appointment should be scheduled either by calling 785-532-6544 or by stopping at the appointment desk.

YOU MUST BRING THIS COMPLETED FORM WITH YOU FOR YOUR APPOINTMENT.

PLEASE PRINT LEGIBLY

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<th>Name</th>
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Current Medications:

Allergies to Medicine or Vaccines:

Have you had allergic reactions to any of the following items? (Circle all that apply.)

Eggs  Mercury (thimerosal)  Bee stings  Formaldehyde  Sunlight

Are you being treated for leukemia, lymphoma, cancer, or any other malignant diseases?  yes or no

Do you have a history of a deficiency of the immune system?  yes or no

Do you have a history of anemia or any other blood disorder?  yes or no

Do you have any existing medical condition such as diabetes, heart disease, or pulmonary disease?  yes or no  If yes, please list:

Are you taking any steroids?  yes or no

Do you have impaired gastric defenses (such as frequent diarrhea) or use antacids frequently?  yes or no

Do you have any history or psychiatric disorders (such as depression, panic attacks, psychosis, etc.) or neurological disorders?  yes or no

FOR WOMEN ONLY:

Are you pregnant, suspect you may be pregnant, or trying to become pregnant?  yes or no

Are you breast-feeding?  yes or no
**TRAVEL INFORMATION**

Organization associated with travel? ____________________________
Group Director ____________________________

Date of departure ____________________________
Date of return ____________________________

Please indicate the countries you will be visiting in the order in which you will visit them. Also indicate the length of stay in each country.

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Please circle all that apply to your travel plans:

- Major resort hotels
- Cruise ships
- Camping
- Staying with a family
- Small hotels
- Safari
- Rented foreign home
- Youth hostel
- Outdoor activities
- Rural travel at any time
- Spelunking
- Dormitories

Other _______________________________________________________

Are you traveling   alone?   with a group?   or   both?   Circle the answer.

**Immunizations / Vaccines:**

**PLEASE BRING OR FAX (785-532-3425) IMMUNIZATION RECORDS (OR LEGIBLE COPIES) WITH YOU AT THE TIME OF YOUR FIRST APPOINTMENT!**