Sonoma State University Student Health Center

Travel Consultation Appointment Form

Please complete the front page of this form prior to your travel consultation appointment

_____ _____ _____

Last Name First Name Date of Birth Age

Itinerary

Departure date_____

Nature of trip (i.e., working in health clinics, hiking in jungle, etc _____

_____

Country	Length of Stay	Urban	Rural

Current or chronic medical conditions_____

Current medications (Rx and OTC)_____

_____

Allergies (medications, foods, insects)_____

List the Dates of all Previous Immunizations

Tetanus, Td, Tdap, DPT	_____	Hepatitis A	_____
Polio	_____	Hepatitis B	_____
Measles, Mumps & Rubella	_____	Meningococcal	_____
Gamma Globulin	_____	Typhoid (Oral)	_____
Yellow Fever	_____	Typhoid (Injectable)	_____
Influenza	_____	Other	_____
Date of last TB skin test	_____	Result of last TB test	_____

Have you ever had a bad reaction to a vaccine?_____ If so, please describe your reaction

_____

Women: Are you pregnant or planning to get pregnant in the next 3 months?_____

_____ _____

Signature Date