



IHA Midwest Travel Care Health & Medication Worksheet

Traveler Name: _____ Birthdate: _____ Appt. Date: _____

Local Emergency Contact Name: _____ Relationship to traveler: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Male Female Date of last physical exam: _____ Primary care physician: _____

Current weight: _____ lbs. If Female, pregnant now? Yes No Breast feeding? Yes No

Have you ever smoked? Yes No

If yes: How many years? _____ How many packs per day? _____

Are you a Current smoker? Yes No If no, when did you stop? _____

Drug/food/insect allergies: _____

Please list all communicable diseases you have had (**chicken pox, measles, mumps**, typhoid, hepatitis, etc):

Have you ever been treated for Cancer or any other disease that may cause your immune system to be suppressed? If so, when: _____

Do you take steroid drugs? Yes No If yes, please explain: _____

Ever been treated/or taken medication for depression, anxiety or had a convulsion/seizure? Yes No

If recent surgery Procedure & Date: _____

Current medical conditions (both medicated and not): _____

Will you bring an immunization record with you? Yes No

If you are not bringing immunization records please list any immunizations that you may have received in the **last**

10 years include approximate dates: _____

Have you ever had an adverse reaction to a vaccine/injection (dizziness, fainting, anaphylaxis)? _____

CURRENT MEDICATIONS LIST (If more space is needed, use multiple sheets or back of form)

Do you take any medications? Prescription: Yes No Non-Prescription: Yes No

Medication/Drug	Dose	Frequency/Directions	Purpose
<i>EXAMPLE: Atenolol</i>	<i>25mg</i>	<i>One per day</i>	<i>Blood Pressure</i>

Pharmacy Name: _____ Pharmacy Phone: _____

Pharmacy Address: _____ City, Zip code: _____