

New Mexico State University - NEW TRAVEL EVALUATION

Please complete this form and bring it with you for your immunizations/travel visit

Enter or select appropriate response

Traveler's Name:		Date of Birth:	
Departure Date:		Return Date:	
Itinerary (List all countries in order):		Expected Activities:	
Gender:			
Female		Male	
		Transgender	
Females Only:			
Are you pregnant or breastfeeding/are you planning to become pregnant in the next 3 months?		Yes No	
Date of Last Menstrual Period:		Yes No	
List all medical conditions:			
List all current medications:			
Are you allergic to/have you had bad reactions to food, medications, vaccinations, other?		Yes No	
Do you take steroids, prednisone, or cortisone for any reason?		Yes No	
Do you have/do you live with someone who has AIDS, Leukemia, Cancer or other Immune Disorder?		Yes No	
Have you had any Fever or Illness in the past 48 Hours?		Yes No	
Have you ever had a convulsion, seizure or epilepsy?		Yes No	
Do you have any skin conditions?		Yes No	
Do you have any Gastrointestinal Conditions?		Yes No	
Do you have problems with strange dreams or nightmares, insomnia, or have you ever been treated for emotional problems?		Yes No	
Do you have any blood clotting disorders, or low platelet count?		Yes No	
Are you taking any heart medications, or any anticoagulation medications?		Yes No	
Are you taking any antibiotics?		Yes No	
Have you had chemo/radiation therapy within the last 3 months?		Yes No	
Have you had any blood transfusions/products in past year?		Yes No	
Have you had any vaccinations within the past 4 weeks?		Yes No	
Are you taking antacids, or will you be taking pepto-bismol to prevent Travelers' Diarrhea?		Yes No	