

SHSU Student Health Center

Pre-Travel Assessment

For student to complete prior to appointment with Student Health Center

TRAVEL WORK-UP FORM	
Name:	Student ID #:
List the different places you will be traveling:	
When are you leaving?	When will you be back?
Purpose of trip:	Urban/ Rural/ Both
Additions to health history: History or seizures? Y/N Psych problem? Y/N History of psoriasis? Y/N	

<u>Bring all immunization records. (Check with previous health care providers if necessary.)</u>		
Date of Birth: Sex: M/F Race:		
Address:		
Telephone:		
<u>Indicate which diseases and vaccinations you have had, with dates, if possible.</u>		
Disease	Have you had this disease? (Y/N and Date)	Had you had these vaccines? (Y/N and dates)
Measles (Rubeola)		
Mumps		
Rubella (German measles)		
Chicken pox (varicella)		
Have you had: -At least 3 doses tetanus/diphtheria vaccine (DtaP, DT, Td, Tdap) at any time in your life? Yes/No -1 dose of Tdap (if 7 years and older)? Yes/No -Date of last tetanus/diphtheris shot (Td or Tdap) _____		

-At least 3 doses of polio vaccine, including childhood doses?					Yes/ No
-Dates of last polio vaccine _____					
Circle any of the following that you are allergic to: streptomycin bee stings		eggs	thimerosal	sulfa	neomycin
Other allergies:					
Are you currently being treated for cancer?					Yes/ No
Do you have a deficiency of the immune system?					Yes/ No
Do you have any existing medical conditions , such as diabetes, heart disease, or lung disease? Please Explain:					
List all medications you are currently taking, either prescription or over the counter:					