Bowdoin College Travel Health Questionnaire

Name:_________________________________________________ Date of Birth:_______ Age:_____

Address:_____________________________________________________________________________________

Phone:_________________ Primary Care Provider/phone:________________________________________________

Type of Travel: □ Study Abroad □ Leisure □ Business □ Visiting Friends or Relatives
 □ Urban □ Rural □ Other ________________________________________________

Type of Housing: □ Hotel □ Friend or Relative’s home □ Tent or open camping/backpacking
 □ Host Family □ Dorm □ Other ________________________________________________

Travel Itinerary:

Departure date:_______________________________Return Date: ________________________________

Departing from _______________________________ Layover location(s)______________________________

Destination(s):____________________________________________________________________________

Returning from _______________________________ Layover location(s)______________________________

Travel Activities: □ Tourism □ Camping □ Hiking □ Trekking □ Farming □ Diving
 □ Work in a medical setting □ Work in prisons or homeless shelters
 □ Work with animals □ Disaster relief □ Other________________________

Allergies: □ None

□ Medications:______________________________________________________________________________

□ Eggs □ Other Foods_________________________________________________________________________

□ Latex □ Other____________________________________________________________________________

Type of reaction:____________________________________________________________________________

Medications: Please include birth control, herbal and over the counter medications taken regularly.
**Past & Current Medical History:**  □ None

□ Heart Disease, hypertension  □ Bleeding or clotting disorder  □ Seizure Disorder  □ Diabetes

□ Asthma  □ Kidney Disease  □ Pregnant now  □ Cancer

□ Psoriasis  □ Liver Disease  □ Breastfeeding now  □ Immune disorder

□ Arthritis  □ Stomach/Intestinal Problem  □ Eating Disorder  □ Other ____________

Date of last menstrual period ____________

**Past & Current Mental Health History:**

Have you been under the care of a psychiatrist, psychologist, therapist or counselor in the past 3 years for any mental health or emotional condition?  □ Yes  □ No

If yes, please explain.

Have you ever been prescribed psychiatric medication?  □ Yes  □ No

If yes, please explain.

**Past & Recent Surgeries:**  □ None

**Prior Travel Experience:**

Have you traveled outside the United States?  □ Yes  □ No

If yes, where?

Prior experience with anti-malarial medication?  □ Yes  □ No  If yes, what type?

Prior experience with altitude?  □ Yes  □ No  If yes, any complications?

Any illnesses related to travel?

**Immunization History:**  ☆ Please provide a copy of your immunization records ☆

If you are a student, obtain a copy of these records from home. College records often include only entry requirements and vaccines received on campus. Send to Bowdoin College Health Services fax: 207-725-3905, Attn: Carri Nix Kivela

Have you had any immunizations in the past 3 weeks?  □ Yes  □ No

To the best of my knowledge the above information is correct:

_________________________  ____________________  ____________________  ____________________
Signature  Date  Reviewed  Date