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: Melody Faux, NP-C

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