



Travel Itinerary and Medical/Psych History Form

Name: _____ Phone #: _____

Address: _____ Zip: _____

Student ID#: _____

Date: _____ Age: _____ Sex: _____

Date of Departure: _____ Length of Stay: _____

Purpose of Visit (Please circle): Tourist Academic Visiting Relatives/Friends Other

Itinerary (Please list in order)	Rural	Urban	Length of Stay
1.			
2.			
3.			
4.			

Significant Past Medical/Psychiatric/Gyn/History

Are you pregnant or planning on becoming pregnant? (Please circle) Y N

Hospitalization/Surgeries: _____

Current Medications: _____

Safe Sex Measures/Contraceptive Preferences: _____

Contacts/Glasses: _____

Allergies to Medication/Other: _____

Country Born In: _____

How did you hear about the Travel Clinic? _____

Signature _____ Date _____