

Health History Form & Vaccination Information

Surname		First Name	
Date of Birth		Nationality	
Address			
Telephone		Cell Phone	

Provider Information	
<u>Primary Care Physician</u> Name: Contact:	<u>Specialist</u> Name: Contact:
<u>Primary Health Plan Information</u> Name of Plan: Plan Number: Contact Information:	<u>Evacuation Service Information</u> Name: Plan Number: Contact Information:

Healthcare Information	
Blood Type / RH Factor:	Height / Weight
Allergies:	
<u>Vaccination Record:</u> DTP: Hepatitis B: Haemophilus: Influenza type b: Measles: Polio: Varicella:	<u>Selective Vaccinations:</u> 1. 2. 3. 4. 5.
Past Exposure to Tropical Disease, Illness or Conditions?	
Current Medical Treatments?	
Chronic Conditions?	
Current or Recent Conditions? (Pregnancy, Flu, Injury)	
History of jaundice or hepatitis?	
History of Anxiety of Depression?	
Neurological Disorders? (Epilepsy, M.S.etc.)	
Cardiovascular Disorders?	

(Thrombosis, Pacemaker)	
Respiratory Conditions	

Prescription Drugs & Vitamins		
Current Prescribed Drugs: 1 2 3 4	Vitamins: 1 2 3 4	Special Conditions: Asthma: Bee Stings: Heart Conditions:
If lost, how will you obtain replacement drugs?	<u>Are the drugs that you are taking legal in the country that you intend to live in or visit?</u>	What amount of prescription drugs or vitamins are you legally allowed carrying into the country?
Do you have a valid copy or new prescription for the first refill?	Will environmental conditions affect the prescriptions medicines? (Heat, Sun, Humidity, Altitude?)	Will local foods or drink effect the prescription medicines?

HealthCare Help
Physician Identified in country to help?
Hospital Identified in country to help?

Places to be Visited				
Country	Town	Rural Area		Dates
		Yes	No	From: To:
		Yes	No	From: To:
		Yes	No	From: To:
		Yes	No	From: To:
Special Activities	Accommodation: Camping Bivouac	Sports: Diving & Snorkeling? Skiing, Snow & Water? High Altitude? Hunting? Cycling?		Voluntary Work: Agriculture? Water? Healthcare?

HIV Test
1. Is a HIV test required for travellers or short term visits? Y____ N____ 2. Is a HIV test required for long term stay / residency? Y____ N____ 3. Does the country require certified results? Does the consulates / embassy has specific medical documents? Does the test need to be completed prior to entry?

Vaccines for Expatriates & Travelers	
Category	Vaccine
1. Routine Vaccination	Diphtheria / Tetanus / Pertussis (DTP) Hepatitis B (HBV) Haemophilus Influenza type b (Hib) Measles (MMR) Poliomyelitis (OPV or IPV) Varicella (for persons who never had chickenpox)
2. Selective Vaccinations	Cholera Influenza (Recommended for adults 65 years or older, or other high risk individuals) Hepatitis A (HAV) Japanese Encephalitis Lyme Disease Meningococcal Disease Pneumococcal Disease Rabies Tick-borne Encephalitis Tuberculosis (BCG) Typhoid Fever Yellow fever (for individual protection)
3. Mandatory Vaccination	Yellow Fever (For protection of vulnerable countries) Meningococcal Disease (Required by Saudi Arabia for pilgrims visiting Mecca annually (Hajj) or at anytime (Umrah))
Source: UN, WHO	

Destination Review		
Category	Country Risks	Precautions to Take
Accidents		
Infectious Diseases		
Environmental Risks		
Environmental Factors		
Food Illness		
Violence		

Instructions: Complete this form with your Physician. It is recommended that you schedule your pre-departure examination with your Physician at least 10 to 12 weeks prior to travel. This will allow time to fulfill immunization requirements.