World Travel Care
5673 Peachtree Dunwoody Road, Suite 600
Atlanta, GA 30342

Medical Questionnaire

(LAST NAME) **(FIRST NAME)** **(MIDDLE INITIAL)**

(DATE OF BIRTH) **(SOCIAL SECURITY NUMBER)** **(RACE)**

WEIGHT: _____ **SEX: MALE FEMALE OTHER**

PAST MEDICAL HISTORY	YES	NO	DETAILS
Do you have a medical condition that warrants maintenance medications or physician follow-up?	☐	☐	
Do you have a medical condition that is stable now, but that might recur while traveling?	☐	☐	
Have you had a fever in the past 48 hours?	☐	☐	
Are you pregnant, or might you become pregnant on this trip?	☐	☐	
Do you have AIDS, an AIDS-like condition, any other immune disorder, leukemia, or cancer?	☐	☐	
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?	☐	☐	
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?	☐	☐	
Do you have any stomach conditions?	☐	☐	
Do you have a G6PD deficiency?	☐	☐	
Do you have bowel conditions such as diarrhea or constipation?	☐	☐	
Have you ever had hepatitis or yellow jaundice?	☐	☐	
Do you have a history of psychiatric problems?	☐	☐	
Do you have a problem with strange dreams and/or nightmares?	☐	☐	
Do you have insomnia?	☐	☐	
Do you have problems with vaginitis?	☐	☐	
Do you have psoriasis?	☐	☐	
Do you have a history of cardiac disease, with or without symptoms?	☐	☐	
Do you have any eye conditions?	☐	☐	
Are you prone to motion sickness?	☐	☐	

PLEASE CONTINUE TO THE BACK SIDE

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MEDICAL QUESTIONNAIRE PAGE TWO

ALLEGIES	YES	NO	DETAILS
ARE YOU ALLERGIC TO:			
• Any medication?	☐	☐	_____
• Amphotericin B?	☐	☐	_____
• Penicillin or Sulfa?	☐	☐	_____
• Mercury or thimerosal?	☐	☐	_____
• Aminoglycoside antibiotics? (streptomycin, neomycin, kanamycin, gentamicin)	☐	☐	_____
• Polymyxin?	☐	☐	_____
• Sulfites?	☐	☐	_____
• Aluminum or aluminum hydroxide?	☐	☐	_____
• 2-phenoxyethanol?	☐	☐	_____
• Bee stings or history of hives or urticaria?	☐	☐	_____
• Yeast?	☐	☐	_____
• Eggs?	☐	☐	_____
• Glycerin or chlortetracycline?	☐	☐	_____
• Are you hypersensitive to gelatin?	☐	☐	_____
• Are you hypersensitive to beef protein, soy, casein, lactose, phenol, or formaldehyde?	☐	☐	_____

MEDICATIONS	YES	NO	DETAILS
ARE YOU TAKING, OR WILL YOU BE TAKING:			
• Quinine,Quinidine, or medications for a cardiac conduction defect?	☐	☐	_____
• Chloroquine, Mefloquine, or Proguanil to prevent malaria?	☐	☐	_____
• Steroids, Prednisone, Cortisone, or anti-cancer drugs?	☐	☐	_____
antibiotics?	☐	☐	_____
• Medication to prevent traveler's diarrhea?	☐	☐	_____
antacids?	☐	☐	_____
• Oral contraceptives?	☐	☐	_____
aspirin therapy?	☐	☐	_____
• Medications for emotional problems?	☐	☐	_____
• Medication for convulsions?	☐	☐	_____
• Any other medications?	☐	☐	_____

IMMUNIZATIONS	YES	NO	DETAILS
• Have you ever fainted from having your blood drawn or from an injection?	☐	☐	_____
• Have you ever had a fever reaction to vaccination?	☐	☐	_____
• Have you ever had *any* bad reaction or side effect from any vaccination?	☐	☐	_____
• Have you ever had hepatitis A or B vaccine?	☐	☐	_____
• Do you live or work closely with anyone who has AIDS, an AIDS like condition, any other immune disorder, or who is on chemotherapy for cancer?	☐	☐	_____
• Do you have a family history of immunodeficiency?	☐	☐	_____
• Have you received an injection of immune globulin or any blood product during the last 12 months?	☐	☐	_____