

NAME: _____ **DOB:** _____
 Last First MI

Purpose of Trip: — Business — Tour Group — Mission Trip — Visiting Friends/Family — Cruise
 — Pleasure Travel — Adoption — Education/Research/Field Work

Type of Accommodations: — Resort/Hotel — Cruise Ship — Private Home — Oil/Mine Camp
 — Military Base — Volunteer/Guest House — Hostel — Dive Boat

Primary Trip Activities: _____

More than 24 hours from medical help? — Yes — No Date of Departure: _____

Countries to be Visited	City/Region	Length of Stay	Urban or Rural		Days @ Risk: <i>Ofc Use Only</i>
			Urban	Rural	
			Urban	Rural	
			Urban	Rural	
			Urban	Rural	
			Urban	Rural	
			Urban	Rural	

Primary Care Provider (Doctor's Name): _____

MEDICAL CONDITIONS

Indicate if you have any of the following: *Circle or Underline Applicable Condition*

- Heart Disease/High Blood Pressure/Elevated Cholesterol — Yes — No
 Home Oxygen/Lung Disease (eg: Emphysema) — Yes — No
 Diabetes/Kidney/Liver Disease — Yes — No
 Chronic Infection/Immunosuppressed — Yes — No
 Gastrointestinal Disease (eg: Colitis) — Yes — No
 Cancer (current or past) — Yes — No
 Anxiety/Depression (current or past) — Yes — No
 Blood Clots — Yes — No
 Altitude Symptoms — Yes — No
Pregnancy (current or expected within next 3 months) — Yes — No
 Reaction to Shots/Blood Withdrawal — Yes — No
 Allergies to Medication/Food-*List allergy and adverse effect below.* — Yes — No

LIST CURRENT MEDICATIONS (Prescriptions taken routinely):

