

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

Purpose of Trip: Business Tour Group Mission Trip Independent

Type of Accommodations: Resort/Hotel Cruise Trekking Mine Camp
 Other _____

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: _____

MEDICAL CONDITIONS

Indicate if you have any of the following:

- 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):

