



TRAVEL IMMUNIZATIONS WORKSHEET

NAME _____ PHONE # _____ DEPT _____

DATE OF BIRTH _____ TODAY'S DATE _____

MEDICAL DATA

ALLERGIES:	N	Y	Specify
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug	<input type="checkbox"/>	<input type="checkbox"/>	_____
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	_____

CHRONIC HEALTH CONDITION _____

LIST ANY REGULAR MEDICATIONS _____

Have you ever had:

N	Y		N	Y	
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Skin rashes Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Previous treatment abroad for a travel-related illness(es)? _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Rhythm problem	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant or planning pregnancy? _____
<input type="checkbox"/>	<input type="checkbox"/>	Other psychiatric disorder			
<input type="checkbox"/>	<input type="checkbox"/>	Immune Deficiency Disorder			

TRAVEL DATA

*PLEASE LIST TYPE OF ACCOMMODATIONS IN THE SPACE PROVIDED below far right column: (e.g., HOTEL, HOSTEL, APT./DORM, OR PRIVATE HOME) **Date leaving Princeton** _____

Itinerary:Exact Locale	Dates of Travel	# of Weeks	Urban	Rural	Type of Accommodations*
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

PURPOSE OF TRAVEL (please circle all that apply):

Please add additional details ie: High Altitude Scuba Diving _____

Teacher	Trekking/Climbing	Vacation	Field Work	Medical Work
Employment	Foreign Study	Volunteer Agency	Field Work with Animals	Family Visit