

Travel Clinic: University Medicine
Miriam Hospital
164 Summit Avenue/Suite B
Providence, RI 02906
Phone (401)793-4075 Fax (401)793-2544

Name _____ Date of Birth _____ Date _____
First Last

Address _____ Telephone (day) _____ Sex _____
Telephone (evening) _____

Primary Care Physician _____

Have you been here before? No Yes When? _____

Medical History (circle all that apply)

Asthma High blood pressure Diabetes Cancer Leukemia Lymphoma HIV or AIDS
Heart problems Depression Kidney disease Liver disease (hepatitis or cirrhosis) Lung disease
Seizures/convulsions/epilepsy
Other _____

Surgical History

Have you had your spleen removed? No Yes

Surgeries _____

Medications (All prescription and All Over the Counter medications including vitamins and herbal products)

Are you receiving chemotherapy? No Yes Radiation therapy? No Yes

Are you taking cortisone/prednisone/other steroids? No Yes Name of drug and dose _____

Are you allergic to eggs? No Yes

Allergies _____

Women: are you pregnant or planning on becoming pregnant in the next few months? No Yes

Vaccines

Please bring all your vaccine records with you to your appointment

Have you ever had a reaction to a vaccine? No Yes (which one _____)

ITINERARY

Country	City/town	Arrive (date)	Depart (date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____