# PRE-TRAVEL HEALTH FORM

DATE TODAY:_____

NAME:_____
Last First Middle Initial

ADDRESS:_____
Street City State Zip

BIRTHDATE:_____ AGE:_____ SEX: ○MALE ○FEMALE

SOCIAL SECURTIY #:_____ HOME PHONE:_____

EMPLOYER:_____ WORK PHONE:_____

EMPLOYER ADDRESS:_____
Street City State Zip

OCCUPATION:_____

REFERRED BY:_____

PRIMARY CARE PHYSICIAN:_____ PHONE:_____

ADDRESS/LOCATION:_____

Do you want us to send your primary care physician a copy of your immunization record? ○yes ○no
Did you attend school outside of the United States? ○yes ○no If yes, where_____
Where are you going? (List individual countries in sequence of visit)_____
_____
Length of stay:_____ Leaving:_____ Returning:_____
Purpose of visit to country:_____
Chronic physical or mental illnesses:_____
Do you have eczema or other chronic dermatitis? ○yes ○no If yes, type_____
○No known allergies to medication. ○Medication allergy to:_____
List vaccines you have had and dates if known including oral or nasal mist:_____
Allergic to eggs, feathers, yeast, mercury, quinine, formaldehyde, latex or insect/bee stings? _____
_____
Motion Sickness? ○yes ○no If yes, what have you used in the past?_____
Do you have high blood pressure? ○yes ○no If yes, are you on medication? _____
Current medications (including oral contraceptives or anticoagulants):_____
_____
Are you receiving steroid medications such as cortisone or prednisone? ○yes ○no If yes, type?_____
Are you receiving radiation or other treatments? ○yes ○no If yes, type_____
Are you pregnant now or is there a possibility that you might be pregnant? ○yes ○no If yes, how many months?_____
Have you had an allergic reaction to an immunization in the past? ○yes ○no If yes, what?_____

The above information is accurate to my best recollection. I understand that insurance may not cover travel immunization services and I am responsible for all fees associated with this visit. Payment is due at the time of service by check, cash or credit card. I understand I will receive documentation of all vaccines received and am responsible for keeping the record in a safe place and up-to-date. Grey Canyon keeps active records on file. Inactive records are kept on file for 5 years.

Traveler/Parent/Guardian Signature:_____