

Samaritan International Travel Clinic

3640 NW Samaritan Dr, Corvallis, OR 97330

Ph. 541.768.5810, Fax 541.768.5811

Traveler's Name _____ **Date of Birth** _____ **Today's Date** _____

Itinerary		
Country	Estimated Arrival Date	Estimated Departure Date

Purpose of Travel **Business** **Pleasure** **Adventure** **Other**

If other, please describe: _____

Medical History				
Are you being treated for leukemia, lymphoma, or cancer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a history of deficiency of the immune system?	<input type="checkbox"/>		<input type="checkbox"/>	
Do you have other chronic medical condition such as diabetes, heart disease, or pulmonary disease, etc?	<input type="checkbox"/>		<input type="checkbox"/>	
Do you have a history of seizure disorder or psychiatric illness?	<input type="checkbox"/>		<input type="checkbox"/>	
Are you taking steroids? (i.e., prednisone)	<input type="checkbox"/>		<input type="checkbox"/>	
Are you pregnant or trying to become pregnant?	<input type="checkbox"/>		<input type="checkbox"/>	

Current Medications – Please List	Medication Allergies

Immunization History	Date Last Received
Hepatitis A	
Hepatitis B	
Influenza	
Japanese Encephalitis	
Meningococcal	
MMR	
Polio	

Immunization History	Date Last Received
Rabies	
Tetanus/Diphtheria	
Twinrix	
Typhoid, injectable	
Typhoid, oral	
Yellow Fever	