



TRAVEL IMMUNIZATIONS WORKSHEET

NAME _____ PHONE # _____ CLASS _____

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

Date: _____
Describe: _____

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 | |