







Do you have insomnia?	YES NO
Do you have problems with vaginitis?	YES NO
Do you take anticoagulants, aspirin, or aspirin therapy?	YES NO
Do you have asthma, chronic bronchitis, or shortness of breath?	YES NO
Have you had tuberculosis?	YES NO
Do you have an active nerve disorder?	YES NO
Do you have a history of Guillian Barre Syndrome (GBS)?	YES NO
Do you have psoriasis?	YES NO
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?	YES NO
Cardiac disease, with or without symptoms?	YES NO
Do you have any eye conditions?	YES NO
Are you prone to motion sickness?	YES NO

<b>MEDICATIONS:</b> Are you taking any of the following:	<b>Circle YES or NO</b>
Quinine, quinidine, or medications for a cardiac conduction defect?	YES NO
Chloroquine, mefloquine, or proguanil to prevent malaria?	YES NO
Proguanil to prevent malaria?	YES NO
Steroids, prednisone, cortisone, or anti-cancer drugs?	YES NO
Antibiotics or sulfonamides?	YES NO
Pepto-Bismol to prevent traveler's diarrhea?	YES NO
Antacids?	YES NO
Oral contraceptives?	YES NO
Aspirin therapy?	YES NO
Medications for emotional problems?	YES NO
Medication for convulsions?	YES NO

<b>ALLERGIES:</b> Are you allergic to:	<b>Circle YES or NO</b>
Any medications?	YES NO
Amphotericin B?	YES NO
Penicillin or sulfa?	YES NO
Mercury or thimerosal?	YES NO

<b>ALLERGIES (continued)</b>	<b>Circle YES or NO</b>
Streptomycin?	YES NO
Gentamicin?	YES NO
Neomycin?	YES NO
Polymyxin?	YES NO

Sulfites?	YES NO
Aluminum or aluminum hydroxide?	YES NO
Benzethonium chloride?	YES NO
2-phenoxyethanol?	YES NO
Bee stings or history of hives or urticaria?	YES NO
Yeast?	YES NO
Eggs, ovalbumin, or chicken protein?	YES NO
Chlortetracycline?	YES NO
Are you hypersensitive to gelatin?	YES NO
Are you hypersensitive to soy?	YES NO
Are you hypersensitive to lactose?	YES NO
Have you every had a neurological or severe reaction to any vaccine?	YES NO

This information is required for the purpose of assisting the practitioner to determine your medical status. Failure to provide full information concerning your health could result in the hampering of the medical review process. The information on this form is used solely for medical and administrative purposes. No one other than the reviewing practitioner and staff will have access to this medical form and information without your written authorization.

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date