HOUSTON COUNTY Health Department
Georgia Department of Public Health
North Central Health District
We Protect Lives.

Houston County Health Department
Travel Clinic
98 Cohen Walker Dr., Warner Robins, GA 31088
Phone: 478-218-2000
Fax: 478-201-2017
NCHD52.org/Travel

Travel History

Client # _____ **Date:** _____

Name: _____ **Date of Birth:** _____

Address: _____

Street City State Zip Code

Home Phone: _____ **Work Phone:** _____

SSN: _____ **Marital Status:** _____ **Race:** _____ **Sex:** _____

I wish to be consulted **(initial your choice)** alone _____ with spouse _____ with other _____

Medical History

Allergies to medication, vaccines or food: _____

Do you have any medical problems that warrant medications or physician follow up? Y ☐ N ☐

If yes, what: _____

Medications currently taking: _____

_____

Do you now of have you ever had:

Heart abnormality Y ☐ N ☐ Seizure or epilepsy Y ☐ N ☐ Psoriasis Y ☐ N ☐

Psychiatric disorder/anxiety/history of depression Y ☐ N ☐ Retinopathy Y ☐ N ☐

If yes to any, please describe: _____

_____

Are you now or might you become pregnant on your trip? Y ☐ N ☐ Breastfeeding? Y ☐ N ☐

Have you ever had a positive PPD (tuberculin skin test) or the BCG vaccine? Y N

Travel Itinerary

Cruise Ship? Y ☐ N ☐ Name of ship: _____

Purpose of Trip:

Leisure ☐ Missionary ☐ Business ☐ Urban ☐ Rural ☐ Other ☐

Please list, in order, the places/countries where you will be traveling. Include dates of departure and arrival.

_____

_____

_____

Are you a frequent traveler? Y ☐ N ☐ Comments: _____

How did you hear about us? _____

_____ _____

Client Signature **Date**

_____ _____

Nurse Signature **Date**