

Name (last, first, middle initial) _____ CID _____ DOB _____

PCHS TRAVEL HEALTH HISTORY

Have you had or do you now have any of the following? (please check appropriate spaces and explain below)

1. Head/Neurological	Yes	No	6. Heart/Circulation/Chest	Yes	No	10. Endocrine/Metabolic	Yes	No
Frequent headaches/migraines	___	___	Severe chest pain or pressure	___	___	Diabetes Mellitus	___	___
Dizziness or fainting	___	___	Heart disease or murmur	___	___	Thyroid Disease	___	___
Loss of consciousness	___	___	Rapid or irregular pulse	___	___			
Head Injuries	___	___	Blood clots or vascular problems	___	___	11. Genitourinary		
Epilepsy/seizures	___	___	Elevated cholesterol	___	___	Urinary/kidney problems	___	___
			High blood pressure	___	___	Menstrual Irregularities	___	___
2. Eyes			Congenital heart condition	___	___	Sexually Transmitted infections	___	___
Vision or eye problems	___	___						
Glasses or contact lenses	___	___	7. Respiratory			12. Hematology/Oncology		
			Chronic cough (over 1 month)	___	___	Anemia	___	___
3. Ears/Nose/Throat			Pneumonia/Bronchitis	___	___	Bleeding disorder	___	___
Allergies or hay fever	___	___	Tuberculosis or positive PPD	___	___	Cancer	___	___
Ear or hearing problems	___	___	Shortness of breath	___	___	Sickle Cell Disease	___	___
Frequent Tonsillitis/sore throat	___	___	Asthma	___	___	Sickle Cell Trait	___	___
Speech defect	___	___						
			8. Gastrointestinal			13. Psychosocial		
4. Skin			Abdominal pain (severe/recurrent)	___	___	Bi-polar disorder	___	___
Moderate/Severe acne	___	___	Ulcer	___	___	Depression	___	___
New or changing moles	___	___	Intestinal problems	___	___	ADHD/ADD	___	___
Eczema/psoriasis	___	___	Blood in stool	___	___	Anxiety/panic disorder	___	___
Hives	___	___	Hernia	___	___			
						14. Additional Medical History		
5. Infectious Disease			9. Musculoskeletal/Rheumatology			Unusual fatigue (>1month)	___	___
Mononucleosis	___	___	Swollen or painful joints or extremities	___	___	Recent wt loss or gain (10 lbs + / -)	___	___
Lyme Disease	___	___	Chronic or severe back problems	___	___	Eating disorder	___	___
HIV	___	___	Fractures/dislocations	___	___			
Hepatitis	___	___	Chronic muscle pain	___	___			
Chicken Pox	___	___	Arthritis	___	___	15. Previous hospitalizations	___	___
			Systemic Lupus Erythematosus	___	___			
						16. Other:	_____	_____

Explain all "yes" answers from above: _____
