ALLIANCE OCCUPATIONAL MEDICINE

315 South Abbott Ave., Milpitas, CA 95035
tel. 408-790-2900 fax 408-790-2912
2737 Walsh Ave., Santa Clara, CA 95051
tel. 408-228-8400 fax 408-228-8401

Confidential Travel History Exam and Recommendation

(please complete separate medical history form as well)

Last Name (Apellido) , First Name (Nombre) | Social Security No. | Date

Itinerary - place in order of travel. Next to each entry write estimated length of stay. If you plan on spending time in the countryside or outside major metropolitan areas please include this as well.

1 _____ 2 _____

3 _____ 4 _____

Anticipated date of departure _____ Have you had at travel physical at Alliance in past 2 yrs? ☐ Yes ☐ No

If yes, have their been any changes in your medical history since last physical? ☐ Yes ☐ No

If had travel physical within last 2 years and no changes, STOP HERE, do not need history & physical

Please also complete a separate "Patient History" form.

	Yes	No	Uncertain	Comments
1. Are your routine vaccinations current? (e.g. tetanus, polio, MMR)	☐	☐	☐	
2. Have you received Hepatitis A or B vaccination in past?	☐	☐	☐	
3. Have you ever had an allergic reaction or side effect from a vaccination? eggs? yeast?	☐	☐	☐	
4. Do you have AIDS or any other immune compromising disease?	☐	☐	☐	
5. Do you have a history of epilepsy, seizures or psychiatric illness?	☐	☐	☐	
6. Do you have a history of heart problems or irregular heart beat?	☐	☐	☐	
7. Are there any vaccinations in particular that you are expecting to receive today?	☐	☐	☐	

_____
Patient Signature

Physical Exam Ht _____ Wt _____ BP _____ HR _____

	within normal	abnormal	deferred	comments
skin/general	☐	☐	☐	
eyes	☐	☐	☐	
ears	☐	☐	☐	
oropharynx	☐	☐	☐	
neck	☐	☐	☐	
chest	☐	☐	☐	
heart	☐	☐	☐	
extremities	☐	☐	☐	

Medical Provider Recommendation:

Immunizations Routine: ☐ DT (tetanus/diphtheria) ☐ MMR (Measles/Mumps/Rubella) ☐ Polio

Travel specific: ☐ Hepatitis A ☐ Hepatitis B ☐ TyphimVi ☐ Yellow Fever ☐ other _____

Medications:

☐ continue your current medications with no changes

☐ Larium (Mefloquine) 250 mg by mouth once per week with large glass water / food.
Start two weeks prior to departure and continue weekly until 4 weeks after your return

☐ other _____

☐ Azar ☐ Zdimal ☐ Mehta ☐ Braren ☐ Cooper ☐ Hashmi ☐ _____

Signature | Other Medical Provider