Dec 22, 2022



CONFIDENTIAL MEDICAL HISTORY FORM (page 1 of 3)

A. REASON FOR YOUR VISIT TODAY
☐ Planning International Travel
□ Vaccination (Reason)
Which vaccine(s)?
☐ TB test (tuberculosis)
☐ Blood test. Which?
☐ Exposed to a contagious disease . Which?
☐ Other (State reason)
B. YOUR ALLERGIES
□Latex □Thimerosal □Fish □Eggs
□Neomycin □Sulfa drugs □Shellfish □Chicken
□Streptomycin □Penicillin □Bee stings □Nuts □Feathers
PLEASE LIST ANY OTHER ALLERGIES
PLEASE LIST AINT OTHER ALLERGIES
□ No Allergies
C. MEDICATIONS YOU TAKE NOW
List all medications you take regularly or occasionally.
Attach a list if you have one.
Prescription Non-Prescription
□ No Medications
D. PAST VACCINATIONS
$ullet$ Had all your childhood vaccinations? \Box No \Box Yes \Box Not sure
List all vaccines received in last 4 weeks:
Country of birth:
If you were born outside the USA:
- At what age did you arrive in the USA?
- Had vaccines for immigration? $\ \square$ No $\ \square$ Yes $\ \square$ Not sure
Attended college or university in the USA? ☐ No ☐ Yes
- If yes, during what years?
E. WHAT MEALS HAVE YOU EATEN SO FAR TODAY?
☐ Breakfast ☐ Lunch ☐ Snack ☐ Nothing

ICMS	
NAME:	
BIRTHDATE	:
F. YOUR MEDI	CAL CONDITIONS
Have you <u>ever</u> h	ad
- weakened or	suppressed immunity? \square No \square Yes
- HIV infectio	n? □ No □ Yes
	r cancer? \square No \square Yes
	epilepsy? □ No □ Yes
	your thymus (not thyroid) □ No □ Yes
	your spleen? \(\simeq \text{No} \square \text{Yes} \)
	ney disease? □ No □ Yes
	ng disease? 🗆 No 🗆 Yes
-	or anxiety? 🗆 No 🗆 Yes
	chological condition? No Yes
	ency? □ No □ Yes etes in the past 10 years? □ No □ Yes
	t or sibling with history of congenital or
_	nodeficiency? No Yes
	lical conditions you have
-	treated for now? No 🗆 Yes
	OF THE ABOVE, PLEASE DESCRIBE:
G. Just For	R FEMALES / THOSE WITH A UTERUS
Pregnant now	? □ No □ Yes □ Maybe
Pregnant nowBreastfeeding	? □ No □ Yes □ Maybe now? □ No □ Yes
Pregnant nowBreastfeedingPlanning to be	now? □ No □ Yes □ Maybe Proome pregnant soon? □ No □ Yes
 Pregnant now Breastfeeding Planning to be If yes, wh 	?
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your 	?
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your 	?
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) 	?
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Contraception	?
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Contraception Birth Cont 	No Yes Maybe No Yes Maybe No Yes No Yes No Yes No Yes No Yes Y
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Contraception Birth Cont NuvaRing 	No Yes Maybe No Yes Maybe No Yes No Yes Recome pregnant soon? No Yes
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Contraception Birth Cont NuvaRing If NONE, plean 	No Yes Maybe No Yes Maybe No Yes No Yes Secome pregnant soon? No Yes
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Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Birth Cont Birth Cont NuvaRing If NONE, plea Menopause Partner vas Hysterecto H. HAVE YO Fainted or felt lig	No Yes Maybe No Yes No Yes No Yes Secome pregnant soon? No Yes
 Pregnant now Breastfeeding Planning to be If yes, wh Start of your (Date) Birth Cont NuvaRing If NONE, pleating Menopause Partner vast Hysterecto H. HAVE YO Fainted or felt ligger of the partner of t	No Yes Maybe now? No Yes Maybe now? No Yes Secome pregnant soon? No Yes No Yes No Yes No Yes Secome pregnant soon? No Yes Yes No Yes No Yes No Yes Secome pregnant soon? No Yes N



CONFIDENTIAL MEDICAL HISTORY FORM *(page 2 of 3)*

I. PAST HEPATITIS	S TESTING						
Ever been tested for	Hepatitis B infection? \square No \square Yes \square	Not sure	- If yes, result: _				
Ever been tested for	Hepatitis C infection? \square No \square Yes \square	Not sure	- If yes, result: _				
Ever been told you of	could not donate blood? No Yes						
Have you donated b	lood in the last 5 years? No Yes						
J. HEPATITIS B OR	C RISK						
☐ One or more of t	he statements below apply to me —	but I pref	er not to say w	hich one(s)			
☐ None of the state	ments below apply to me						
	s had sex with other males ^{B,C}			۱۵۸۲ مینسی	IQ/E C		
				during 1945—	1703		
- '	 □ One or both of my parents was born in sub-Saharan Africa B □ I have HIV infection BC □ I was born in or spent > 6 months living in a developing country B □ I have injected street drugs BC 						
☐ I have lived with someone or had a sex partner who had Hepatitis B B							
	•		untry (anytime) ⁽				
\Box I received a blood transfusion in the USA (before 1992) or in another country (anytime) c \Box My hemophilia was treated with clotting factor concentrates before 1987 c							
	☐ My tattoo, piercing, or acupuncture could have been done with unsterile (dirty) equipment C						
, , ,	•						
K. IF PLANNING INT	TERNATIONAL TRAVEL, PLEASE A	NSWER TH	E FOLLOWING	AS COMPLETE	Y AS YOU CAN:		
Departure Date:	Purpose of Trip (check all that apply):		Activities (che	ck all that apply):	☐ Work at orphanage		
•	☐ Pleasure or Vacation ☐ Study ab		·		☐ Cruise ship		
	Business (type)		☐ Hiking or trekking		☐ Visit jungle area☐ Visit rural area or village		
Return Date:	☐ Moving or relocating to live abroad☐ Visiting my homeland	\square Bicycling or motorcycling \square Caving		motorcycling	☐ Visit farm		
	☐ Volunteer/Missionary/Humanitarian		☐ High altitude >8000 ft.		☐ SCUBA dive		
	☐ Other		☐ Work with a	nimals	Other		
Please List Each Country You Will Visit		How Long in the		Type of Accommodations			
List in the order you will be visiting them		Country		(e.g. hotel, resort, hostel,			
Ir	nclude all stopovers			ten	t, apt, home stay)		
			□days □wks				
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CONFIDENTIAL MEDICAL HISTORY FORM (page 3 of 3)

NAME:	 	
BIRTHDATE:		

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