

Medications (please include dosing schedule):

Allergies:

Vaccination History: Are your childhood immunizations complete? **yes / no**

Personal Safety Measures:

Avoid: animals, walking barefoot, swimming in freshwater, excessive alcohol use, high crime areas, high risk sexual activity, drinking local water if unsafe, eating raw food

Always: have a travel buddy with you, use sunscreen, use condoms (if sexual activity does occur), use personal protective measures to avoid insect bites (long sleeve clothing sprayed with DEET, mosquito netting, being outside at dusk and dawn), take your medications as prescribed, have a travel kit with prescription / over-the-counter meds and first aid items

Signature

Name (Print)

Date