High Lakes Health Care
PRAXIS HEALTH

*** Please fill this form out and return to your provider 72 hours before your visit.***

Traveler History Form

Name____ Date of Birth__________________

Travel Plans (list additional information on back of form if needed)

☐ Vacation ☐ Education / research ☐ Adoption ☐ Visit Friends/Family
☐ Missionary/volunteer/humanitarian relief Vacation ☐ Work (rural, outdoors, or in local community) ☐ Work (urban, office-based, or conference)
☐ To obtain medical or dental care
☐ Other____

Will you be:

Visiting areas that are:

- Rural ☐Yes ☐No ☐Not sure
- Urban ☐Yes ☐No ☐Not sure
- Primitive or remote ☐Yes ☐No ☐Not sure

Ascending to high altitudes (8,000ft or higher)? ☐Yes ☐No ☐Not sure If yes, How long at higher altitude?________________________________

Working with potential exposure to body fluids (e.g. medical or dental work)? ☐Yes ☐No ☐Not sure
Working with exposure to animals? ☐Yes ☐No ☐Not sure
Potentially having new sexual partners ☐Yes ☐No ☐Not sure

Accommodations (check all that apply:)
☐Resort/Large hotel ☐Small hotel/ guest house/ B&B ☐ Cruise ship ☐Private home(with locals) ☐Private home (with relatives) ☐Camping ☐Dormitory/ hostel
☐Other____

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Countries and cities in order of visit your traveling	Arrival date	Departure date

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Name	DOB	Date

Health Hisory
History of Blood Clots? ☐Yes ☐ No History of any travel related health issues? ☐Yes ☐No
Vaccination History
Have you ever received the following immunizations? Hepatitis A ☐ Yes When?_______________ ☐ No ☐ Not sure Hepatitis B ☐ Yes When?_______________ ☐ No ☐ Not sure Meningococcal ☐ Yes When?_______________ ☐ No ☐ Not sure Measels /Mumps/ Rubella ☐ Yes When?_______________ ☐ No ☐ Not sure Polio ☐ Yes When?_______________ ☐ No ☐ Not sure Tetanus ☐ Yes When?_______________ ☐ No ☐ Not sure Yellow Fever ☐ Yes When?_______________ ☐ No ☐ Not sure Japanese Encephalitis ☐ Yes When ?_______________ ☐ No ☐ Not sure Influenza ☐ Yes When? _______________ ☐ No ☐ Not sure COVID ☐ Yes When?_______________☐ No ☐ Not sure Have you ever had an adverse reaction to an immunization ☐No ☐Yes Explain:_______________________________________