

NAME:

Allergic to medication:

DATE:

Allergic to EGGS YEAST

Complete YEAR in EVERY section. If the answer is ? or never, indicate that.

I was born in (country)		
I received childhood immunizations	Yes	No
I moved to the USA in (year)		
I currently live in (countries)		

WE RECOMMEND THE FOLLOWING SHOTS, EVEN IF NOT TRAVELING			
	YEAR	COMMENTS	Office use
Year of last TETANUS shot. Need every 10 years.			
Year of last MEASLES/MUMPS/RUBELLA (MMR) shot. CANNOT HAVE IF PREGNANT. Must wait 28 days to get pregnant after shot. Probably cannot have if EGG allergy. Need one shot if born after 1957.			
Year of last " FLU " shot. Need every year. Cannot have if EGG allergy.			
Year of last " PNEUMONIA " shot. Need every 5 years after age 55.			
Year I had CHICKEN POX DISEASE . Don't need shot.			
Year of CHICKEN POX shot.			
Year completed 3 shot series for HEPATITIS B . Cannot have if YEAST allergy.			
Year completed 2 shot series for HEPATITIS A .			
Year of last MENINGITIS shot. Need every 2 years for dormitory living.			

TUBERCULOSIS (TB): In the USA we do not use BCG. If you have had BCG you can still get tuberculosis, so we want to test you. If you have had a positive test for TB you need to be treated!!			
Month/Year of last TB TEST (shot or prongs)			
Results of TB test			
Year and number of months treated for TB			
Year I had BCG shot for TB			

THESE SHOTS ARE RECOMMENDED OR REQUIRED FOR TRAVEL			
Year of last YELLOW FEVER shot. ABSOLUTELY CANNOT have if EGG allergy or over age 70. REQUIRED for Africa and South America. Need every 10 years			
Year of last TYPHOID shot or pills. Recommended every 2 years, including Mexico but not Europe.			
Year of POLIO SHOT , not by mouth. Recommended one-time shot (in addition to childhood shots), including Europe.			
Year completed 3 shot series for RABIES . Need booster every 2 years for personal contact with animals.			
Year of last MENINGITIS shot. REQUIRED for Haj. Recommended for Africa. Need every 2 years.			
Year of last JAPANESE ENCEPHALITIS . Rarely needed.			

I understand that the information I have provided above will be used to determine what immunizations I receive. The information provided is accurate.

Print your name.

Relationship to patient:

Signature:

Date: