Student Health Services
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SAN DIEGO STATE UNIVERSITY

CONFIDENTIAL
The information you provide will be used to assist in your care at Student Health Services

TRAVEL CLINIC PATIENT IMMUNIZATION FORM

Please complete the form and bring it and your immunization record to your appointment.

NAME: _____ DATE: _____ RED ID: _____

Are you taking any daily medications?
If yes, please list: _____ ❑ Yes ❑ No

Do you have any chronic medical conditions (including psychological disorders or seizures), or history of a disease or treatment that may have affected your immune system function? ❑ Yes ❑ No ❑ Unsure
If yes, please describe: _____

During the past year, have you received a transfusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug? ❑ Yes ❑ No ❑ Unsure
If yes, please describe: _____

Do you have allergies to medications, foods, vaccine components (including eggs, gelatin or neomycin), latex or stinging insects? ❑ Yes ❑ No ❑ Unsure
If yes, please describe: _____

For biological females: Are you pregnant, trying to become pregnant or breastfeeding? ❑ Yes ❑ No ❑ Unsure
If yes, please describe: _____

Please List Dates From Your Immunization Record Below:

		PROVIDER USE ONLY			
		Series Complete?		Booster Needed?	
Tetanus (DT, Td, Tdap)	_____ _____ _____ _____ _____ _____ _____	Y	N	Y	N
Hepatitis A	_____ _____	Y	N		
Hepatitis B	_____ _____ _____	Y	N		
Hepatitis A & B combo	_____ _____ _____	Y	N		
Influenza (most recent only)	_____ _____				
Polio (IPV/OPV)	_____ _____ _____ _____ _____	Y	N	Y	N
Japanese Encephalitis	_____ _____ _____ _____	Y	N	Y	N
Meningococcal (MCV4)	_____ _____ _____ _____	Y	N	Y	N
Pneumococcal (PCV7 or 13)	_____ _____ _____ _____	Y	N		
Pneumococcal (PPSV23)	_____ _____	Y	N	Y	N
Rabies	_____ _____ _____	Y	N		
Typhoid (injectable)	_____ _____ _____	Y	N	Y	N
Typhoid (Oral)	_____ _____ _____	Y	N	Y	N
MMR (measles/mumps/rubella)	_____ _____	Y	N		
Varicella (chickenpox)	_____ _____ ❑ Had chickenpox	Y	N		
Yellow Fever	_____ _____ _____	Y	N	Y	N