



PRESERVATION
HEALTH, LLC

Are you travelling outside of the U.S?
What shots do you need



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ISN'T YOUR HEALTH WORTH IT?

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Please answer the following questions

Are you...

- Staying in Hotels? Yes No
- Staying in air conditioned accommodations? Yes No
- Visiting only urban areas? Yes No
- Staying and / or eating with locals/ friends / family Yes No
- Visiting usual tourist areas? Yes No
- Straying from the usual tourist areas? Yes No
- Traveling to areas greater than 24 hrs from health care? Yes No

Circle all that apply:

Purpose of trip: ADVENTURE, BUSINESS, EDUCATION, RELIGIOUS PILGRIMAGE, RESEARCH, TEACHING, VACATION, VOLUNTEER, OTHER _____

Accommodations: CRUISE SHIP, FIRST-CLASS HOTELS, HOMES, LOCAL HOTELS, RESORT, TENTS/CABINS, OTHER _____

Visiting: CITIES, TOWNS, COUNTRYSIDE, JUNGLE, LAKES, MOUNTAINS, PLAINS, RIVER, OTHER _____

Special Activities: BOATING, HIKING/CAMPING, MOUNTAIN CLIMBING, SAFARI, SCUBA DIVING, SWIMMING, TREKKING, OTHER _____

Traveling above 8000 feet (2500 meters) during trip [other than flight]: Yes No

PAST MEDICAL HISTORY Please list illnesses and surgeries:

_____	_____
_____	_____
_____	_____

Medical History

1. Do you have any known allergies? Yes No

If yes, please list _____

2. Have you ever had a reaction to a bee sting? Yes No

3. Do you have allergic reactions to eating eggs? Yes No

4. Do you have allergic reactions to antibiotics? Yes No

If yes, please list _____

5. Do you have allergic reactions to sulfa drugs?

Yes No

6. Do you have a history of any of the following?

YES

NO

Seizures / epilepsy

Nightmares

Psychiatric disorders

Anxiety disorders

Immune deficiency/Disorder

Psoriasis

G6PD Deficiency

Irregular heart beat / cardiac arrhythmias

Thymus Gland surgery or disorder (e.g. myasthenia gravis)

History of altitude sickness

Yes No

7. Are you being treated for any medical conditions?

If yes, please list _____

CURRENT MEDICATIONS:

Medication Name	Dose	Frequency

Are you allergic to eggs? Yes No

Are you immune compromised? Yes No

Females Only: Please circle response

Are you pregnant now or is there a possibility that you might be pregnant? Yes No

Are you breast feeding? Yes No