

**Prescription Request Form**  
**International Travel Clinic**  
**Dr. Kunjana Mavunda, MD, MPH, DTM&H**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
                                Last                                First

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                                Month/Day/Year

Telephones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

List any medical problems you have:  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies you have:  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you take:  
\_\_\_\_\_  
\_\_\_\_\_

Recent history of fever or congestion: Yes \_\_\_\_\_ No \_\_\_\_\_

Are vaccines up to date: Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Date of last menstrual period: \_\_\_\_\_

Other pertinent comments:  
\_\_\_\_\_  
\_\_\_\_\_

Current Weight: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Duration of Trip: \_\_\_\_\_

**Itinerary:**

**Please indicate where you are travelling to and the length of stay in each area:**

1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

4- \_\_\_\_\_

5- \_\_\_\_\_

6- \_\_\_\_\_