

General Customer Information

Patient Id: 1758051

BIO Data	
First Name	Mohammad
Middle Name	
Last Name	Bangoura
Birth Date	02/16/1990
Weight (lbs)	153
Sex	M
Address	
Address	5768 goldleaf ct
City	rex
State	GA
Zip Code	30273
Contact Information (to confirm your appointment)	
Email	mohammad.bangoura@travelpport.com
Cell Phone	6786087708
Home Phone	678-608-7708
Work Phone	678-608-7708
Emergency Contact Information	
Emergency Contact	6786087708
Relationship	
Phone	4049520343
PCP Info	
Send vaccine record to doctor?	No
Primary Care Physician	
RX Info	
Pharmacy Name	cvs
Pharmacy Address or Cross Streets	2907 Main St
Pharmacy City	east point
Pharmacy State	GA
Pharmacy Postal Code	30344
Pharmacy Phone	4047638405

Work Status	
Currently employed	Yes
Company	Other - Employer Not Listed Below
Been Here Before	
Have you been to a Passport Health clinic before?	No

Medical History

Past Medical History	
Cancer	No
Atherosclerosis	No
HIV/AIDS	No
Psychiatric Conditions	No
Thymus Removal	No
Thyroid Disease	No
Acid Reflux	No
Anxiety/Depression	No
Asthma	No
Arthritis	No
Diabetes	No
Epilepsy	No
Gastrointestinal disease	No
Heart disease	No
Hepatitis	No
High blood pressure	No
Kidney disease	No
Liver disease	No
Migraines/headaches	No
Neurological	No
Rheumatoid arthritis	No
Tuberculosis	No
Eczema, psoriasis, or other chronic dermatitis	No
Do you have any history of Guillain-Barre syndrome or paralysis?	No
Other	No

Other Medical Concerns	
Are you receiving steroid medications such as cortisone or prednisone?	No
Do you have a previous history of tendonitis/tendon rupture?	No
Are you receiving radiation or other treatments?	No
Do you have a history of fainting with shots?	No
Do you have any history of motion sickness?	No
Are you caring for anyone who is immunocompromised?	No
Do you have heart problems or cardiac arrhythmia or irregularity?	No
Do you have bleeding problems, take anticoagulants, aspirin or aspirin therapy?	No
Are you currently experiencing any respiratory infections, or other acute illness or infection?	No
Do you experience nightmares or insomnia?	No
Do you have stomach/bowel conditions such as frequent diarrhea or constipation?	No
Have you been diagnosed with sleep apnea?	No
Have you ever had a positive TB skin test?	No
Allergies	
Do you have any known drug allergies?	No
Have you ever had a reaction to an immunization in the past?	No
Eggs	No
Feathers	No
Formaldehyde	No
Gelatin	No
Insect/Bee stings	No
Latex	No
Mercury	No
Quinine	No
Thimerosal	No
Yeast	No
Other	No
Malaria	
Have you ever taken malaria pills?	Yes
Which type?	Not sure
Vaccine History	
Which Vaccines have you received in the past?	
During the past 3 months, have you received a blood or plasma transfusion, been given a shot called Immune Globulin, or received Flumist, MMR, Oral Typhoid, Yellow Fever, Varivax (chickenpox), and/or Zostavax (shingles)?	No

Have you ever had chickenpox?	No
Current Medications	
Do you take medications (prescription and non-prescription)?	No
Client Acknowledgement	
<p>The above information is accurate to my best recollection. I understand that insurance may not cover travel immunization services and I am responsible for all applicable office visit, immunization, laboratory, physical, and diagnostic fees associated with this visit. Passport Health is not a Medicare provider. Payment is due at the time of service by check, cash or credit card. I have consented to all vaccines received. I will receive record of all vaccines administered, and I am responsible for the maintenance of my vaccine record. Passport Health keeps active records on file. Inactive records are kept on file in accordance with state law. Please note that if you need to cancel or reschedule your appointment, 24 HOURS NOTICED IS REQUIRED OR YOU WILL BE CHARGED A NON-REFUNDABLE FEE IN THE AMOUNT OF THE OFFICE VISIT QUOTED ***Please note that if you are MORE THAN 10 MINUTES LATE FOR YOUR APPOINTMENT YOU MAYBE RESCHEDULED.</p> <p>IF YOU ARE RECEIVING A YELLOW FEVER VACCINATION, AND ARE OVER THE AGE OF 60, YOU MAY BE REQUIRED TO PROVIDE PERMISSION FROM YOUR PRIMARY CARE PHYSICIAN. PLEASE CHECK WITH YOUR PRIMARY CARE PHYSICIAN TO ENSURE YOU ARE HEALTHY ENOUGH TO RECEIVE THE YELLOW FEVER VACCINE.</p> <p>Note: Please bring your vaccine record with you to your appointment for a travel specialist to review.</p> <p>Click here to read the HIPAA Policy and Consent Form I have read the HIPAA Policy and Consent Form</p>	
By checking this box, I acknowledge and agree to the foregoing	True
Signature	Mohammad noble Bangoura
You Previously AGREED on Oct 24 2017 2:35PM	
Client did not complete online intake; RN provided copy of HIPAA and Privacy Policy ; RN had client sign paper copy of Acknowledgement	False

Current Travel Info

Trip Purpose	Other	
Leaving Country	Yes	
Date Leaving	11/01/2017	
Date Returning	11/17/2017	
Which countries are you visiting?(please list countries in the order of your visit)		
Country	City	Length of Stay (days)
Guinea	CONAKRY	15

Would you like for a passport and visa expert to call you directly to assist with your travel document needs?	No
Tell us more about your travel document needs. Do you need:	
Tourist Visa Service	No
Business Visa Service	No
Student Visa Service	No
New Passport Service	No
Renewed Passport Service	No
Expedited Passport Service	No
Other Service	No
Will you be doing any of the following during your trip?	
SCUBA Dive	No
Mountain Climbing	No
Camping	No
Working with Animals	No
Medical Work	No
Staying in Rural Areas	No