FLORIDA HEALTH
IN MIAMI-DADE COUNTY
TRAVEL & ADULT DEMO-FORM
HEALTH DISTRICT CENTER

HMS LABEL

Arrival Time | **Appt. time** | **Walk-in Time** | **New client Y-N** | **STATE IMM ID #**

Last Name:
Apellido:
Siyati:

First Name:
Primer Nombre:
Non:

Middle Name:
Segundo Nombre:
Lot Non:

Sex: Male or Female
Sexo: Masculino o Femenino
Sèks: Gason oswa Fi
M Gason ☐ F ☐

Race: Black/ White/Other
Raza: Negro/ Blanco/Otro
Ras: Nwa / Blan / Lòt
B Negro Nwa ☐ W Blanco Blan ☐ Other: Iòt otro ☐

Did the client have Varicella / Chickenpox? If so, what age
Al cliente le dio Varicella / "La China"? Si es asi, a que edad
Eske kiliyan an te gen Saranpyon / Varcella? Si Wi a ki laj
☐ Y ☐ N _____

Date of birth:
Fecha de nacimiento:
Dat li fèt
MONTH - DAY - YEAR

Home Address:
Direccion de su casa:
Adrès Kay ou:

Apartment Number:
Numero de apartamento:
Nimewo apatman an:

City:
Ciudad:
Vil:

State:
Estado:
Eta:

Zip Code:
Codigo postal:
Kòd Postal:

Telephone:
Telefono:
Nimewo telefòn: - -

Country of birth:
Pais de nacimiento:
Peyi nesans:

Language:
Idioma:
Lang:

Does the client have any allergies? If so, specify:
El cliente tiene algún tipo de alergia? Si es así, especifique:
Kliyan an gen alèji? Si se konsa, endike:

Email Address:
Correo Electronico:
Email Adres:

FOR OFFICE USE ONLY

VACCINES REQUESTED / VACUNAS SOLICITADAS / REQUESTED VAKSEN

HepA ☐ HepB ☐ Twinrix ☐ HIB ☐ HPV ☐ IPV ☐ Influenza ☐ * J.Encephalitis ☐ MMR MEN B ☐

Heplisav ☐ MPX- Jynneos ☐

MCV4 ☐ Pneumo ☐ 13 ☐ 15 ☐ 20 ☐ 23 * Rabies ☐ Tdap ☐ Td ☐ * Typhoid ☐ VZV ☐ * Yellow Fever ☐

* ONLY AVAILABLE IN OUR TRAVEL CLINIC AT HEALTH DISTRICT CENTER MIAMI

SERVICES REQUESTED / SERVICIOS SOLICITADAS / SÈVIS VAKSEN

COMMENT	Q-FLOW	TRAVEL CLINIC
		TRAVEL CONSULT+PRESCRIPTION ☐
		MALARIA ☐ MOTION SICKNES ☐ HIGH ELEVATION TRAVEL ☐

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