

## UHC INTERNATIONAL TRAVEL QUESTIONNAIRE

Name:	JAC Number:
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### International Travel Clinic Information

Please check each line to confirm understanding:

	Travel appointments must be scheduled at LEAST 3 weeks prior to travel.
	Travel appointments cannot be utilized for other medical concerns.
	Fee for a travel appointment is \$20, NOT including vaccinations or prescription medications
	View the videos regarding international travel. These are accessed from our <a href="#">international travel web page</a> . Scroll down the web page to find the links in the light green box.
	You are responsible for visiting <a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a> to review country(ies) health recommendations

### Pertinent Medical History:

Please check the appropriate box if any of these conditions apply to you:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Pregnant or breast feeding
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Any Immune deficiency (includes HIV)	<input type="checkbox"/>	Mental Health condition requiring medication
<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Positive TB test in the past	<input type="checkbox"/>	Splenectomy

List allergies to medications, vaccinations or eggs:

List medications you currently take:

### Travel Itinerary

List the places you will be visiting. Include any airport **IF** the layover is 12 hours or more

Country and City(ies) or area(s)	Dates of arrival and departure

### Check any that apply to your travel plans:

☐ Time at altitudes >9000 feet    ☐ Staying in rural area    ☐ Working with mammals as reason for travel

### Which of the following do you believe you need and/or are interested in obtaining? (Check all that apply)

<input type="checkbox"/>	Antimalarial medicine	<input type="checkbox"/>	Hepatitis B vaccine	<input type="checkbox"/>	Tetanus vaccine
<input type="checkbox"/>	Traveler's diarrhea medicine	<input type="checkbox"/>	Meningococcal vaccine	<input type="checkbox"/>	Typhoid oral vaccine
<input type="checkbox"/>	Hepatitis A vaccine	<input type="checkbox"/>	Polio vaccine	<input type="checkbox"/>	
Other (list):					

Email to the University Health Center, [healthctr@jmu.edu](mailto:healthctr@jmu.edu)