## **UHC INTERNATIONAL TRAVEL QUESTIONNAIRE**

Name:				JAC Number:			
Int	ernational Travel Clinic Informat	tion					
Ple	ase check each line to confirm u	nder	standing:				
	Travel appointments must be	Travel appointments must be scheduled at LEAST 2 weeks prior to travel.					
	Travel appointments cann	Travel appointments cannot be utilized for other medical concerns.					
	Fee for a travel appointment	Fee for a travel appointment is \$20, NOT including vaccinations or prescription medications					
		View the videos regarding international travel. These are accessed from our <u>international travel web page</u> . Scroll down the web page to find the links in the light green box.					
	You are responsible for vis	You are responsible for visiting <a href="https://www.cdc.gov/travel">www.cdc.gov/travel</a> to review country(ies) health recommendations					
	Please provide your Immu and JAC # are included)	Please provide your Immunization history to the JMU Health Center. (Make sure your name, DOB, and JAC # are included)					
	_	<ul><li>By secure fax: 540-568-6176</li><li>By Email: healthctr@jmu.edu</li></ul>					
Per	rtinent Medical History:						
Ple	ease check the appropriate box if any of these conditions apply to you:						
	Asthma		Hypertension			Pregnant or breast feeding	
	Diabetes		Any Immune deficiency (includes HIV)			Mental Health condition requiring medication	
	Heart Problems		Positive TB test in the past			Splenectomy	
Lis	st allergies to medications or vac	cinat	ions:				
Lis	st medications you currently take	2:					
L	vel Itinerary						
	t the places you will be visiting. Ir	nclud	le any airport <b>IF</b> th	e layover is 12	houi	rs or more	
Country			City, town, or province/state			Dates in this location (>24 hr)	
CI.							
Che	eck any that apply to your travel	·—					
	Time at altitudes >9000 feet	Ш	Staying in rural are	ea 🔲 Wo	orkir	ng with mammals	

Email to the University Health Center, healthctr@jmu.edu