**UHC International Travel Questionnaire**

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| --- | --- |
| Name: | JAC Number: |
| Address:  Cell number: | Date of Birth: |

**International Travel Clinic Information**

Please check each line to confirm understanding:

|  |  |
| --- | --- |
|  | Travel appointments must be scheduled at LEAST 2 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 [international travel web page.](https://www.jmu.edu/healthcenter/medicalservices/travel-abroad.shtml) Scroll down the web page to find the links in the light green box. |
|  | You are responsible for visiting [www.cdc.gov/travel](http://www.cdc.gov/travel) to review country(ies) health recommendations |
|  | Please provide your Immunization history to the JMU Health Center. (Make sure your name, DOB, and JAC # are included)   * By secure fax: 540-568-6176 * By Email: healthctr@jmu.edu |

**Pertinent Medical History:**

Please 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 |
|  | | | | | |
| List allergies to medications or vaccinations: | | | | | |
| 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** | **City, town, or province/state** | **Dates in this location (>24 hr)** |
|  |  |  |
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Which items do you need based on the CDC recommendations for your destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Time at altitudes >9000 feet Staying in rural area Working with mammals

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