

Please fill out this form and bring it with you to your travel appointment.

Name: _____ Date of birth: _____

Traveling with OHSU Global Health? Yes No not sure

Dates of vaccinations you may have had:

Typhoid oral _____ Typhoid injection _____ Last Polio _____
 Yellow fever _____ Hepatitis A _____ Japanese Encephalitis _____
 Meningococcal _____ Last Tetanus: _____ Last Tuberculosis screening _____

Do you have any special concerns or questions to be answered at your appointment?

Circle any of the following that you are allergic to:

Eggs Thimerosal Sulfa Neomycin Streptomycin Bee stings other allergies:

INFORMATION ABOUT YOUR TRAVEL PLANS

Please indicate, in the order in which you will visit them, the countries to which you will be traveling, the date of arrival to that country, and length of stay in each country.

Name of Country include cities/towns will be visiting	Date of Arrival	Length of Stay

Is your travel to: city rural areas or both?

What is the reason for travel (pleasure, clinic/hospital work, other)?

QUESTIONS FOR THOSE AT RISK OF PREGNANCY:

Are you pregnant, suspect you may be pregnant, or trying to become pregnant in the next 6 months? Yes No

If pregnant, how many weeks? _____

Are you breast feeding? Yes No

THE COST OF TRAVEL VACCINES ARE NOT COVERED BY STUDENT HEALTH AND WELLNESS.

(We will bill insurance first but any remaining costs of vaccines will be billed to the patient. PacificSource Student Health Insurance pays 100% of the cost of travel vaccinations given at Student Health and Wellness Center)