

TRAVEL SERVICE – PLANNED ITINERARY FORM

(Must be completed prior to appointment at the Student Health Center-
Please complete and print out)

Departure Date: _____ Return Date: _____

Tourist Group: _____ Travel on Own: _____

	COUNTRIES	CITIES	RURAL EXCURSIONS
1.	_____	_____	_____
		_____	_____
		_____	_____
2.	_____	_____	_____
		_____	_____
		_____	_____

Please describe all “UNIQUE” outdoor activities planned (i.e., caving, camping, kayaking, close exposure to rural agriculture, contact with domestic or wild animals).

Prior Vaccinations You Have Received

____ Hepatitis A ____ Hepatitis B ____ Japanese ____ Menumune
____ Polio(as an adult) ____ Rabies ____ Typhoid ____ Yellow Fever

Prior exposure to Malaria Medica _____

The following medical conditions have significant implications to travel recommendations. If you have any of the following, please openly discuss with the physician – Pregnancy, HIV, any chronic intestinal disease, any immune deficiency, any chronic medical problems.