

## Penn State University Health Services – Travel Clinic Information

### Travel Information Resources:

We are relying on you to read specific information about your destination and steps to take to remain healthy while you travel. Please review the websites below to become familiar with your destination, traveler's health topics, and additional information for your return home. The CDC's *Health Information for International Travel* ("Yellow Book") is a valuable resource on health information for the international traveler and can be viewed online <https://wwwnc.cdc.gov/travel/page/yellowbook-home>.

Centre for Disease Control	<a href="https://wwwnc.cdc.gov/travel">https://wwwnc.cdc.gov/travel</a>
Shoreland Travel Services	<a href="https://tripprep.com">https://tripprep.com</a>
Malaria	<a href="https://www.cdc.gov/parasites/malaria/index.html">https://www.cdc.gov/parasites/malaria/index.html</a>
Yellow Fever Vaccination	<a href="https://www.cdc.gov/yellowfever/index.html">https://www.cdc.gov/yellowfever/index.html</a>
Vaccine Information Statements	<a href="https://www.immunize.org/vaccines/vis/about-vis/">https://www.immunize.org/vaccines/vis/about-vis/</a>
U.S. Department of State	<a href="http://www.travel.state.gov">www.travel.state.gov</a>
U.S. Department of State-Bureau of Consular Affairs	<a href="https://travel.state.gov/content/travel/en/international-travel/before-you-go/step.html">https://travel.state.gov/content/travel/en/international-travel/before-you-go/step.html</a>
Traveler's Insurance Plan:	<a href="http://studentaffairs.psu.edu/health/services/insurance/educationAbroad.shtml">http://studentaffairs.psu.edu/health/services/insurance/educationAbroad.shtml</a> Other
Travel Medical Insurance Options:	<a href="https://travel.state.gov/content/passports/en/go/health/insurance-providers.html">https://travel.state.gov/content/passports/en/go/health/insurance-providers.html</a>

Those scheduled to travel are encouraged to use the Global Safety - Penn State Travel Safety Network: <https://qsn.psu.edu/login>

### **Prior to Your Travel Appointment at UHS:**

- 1. Complete the Pre-Travel Health Consultation and History Form**
- 2. Obtain a copy of your immunization records from birth to present, including any blood/titer tests** –PSU Student may have submitted their immunization history to UHS at the time at admittance.

Students can log into MyUHS and verify that UHS has their immunization records at:

<http://www.studentaffairs.psu.edu/health/myUHS/login.shtml>

For information on locating your immunization/vaccine records go to:

<https://www.cdc.gov/vaccines/adults/vaccination-records.html>

- 3. Fax or drop off your completed form and immunization records not already on file with UHS. Upon receipt, your travel appointment will be scheduled.**

### **Day of Your Appointment:**

1. Please arrive 15 minutes prior to your scheduled appointment time and check in with a receptionist. Your appointment may take up to 60 minutes and you will be required to wait 15 minutes after vaccinations are administered.
2. Please be sure that you have had something to eat and drink prior to your appointment.
3. For female patients: If your menstrual period is delayed, you may be asked to provide a urine sample for pregnancy screening prior to the administration or prescribing of any needed vaccines/medication.

\*\*Promptly notify the UHS Travel Clinic of any changes or additions in your medical history or trip itinerary by fax at 814-86-2584, "Attention Travel Clinic", or by calling University Health Services at 814-865-4847, option 3.

The Travel Clinic utilizes TRAVAX, a computer software program which is updated weekly with information from the CDC, ACIP, AAP, and WHO, as well as ongoing global surveillance and published literature.

(Affix Patient Label Here)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## PRE-TRAVEL HEALTH CONSULTATION AND HISTORY FORM

**Complete this form and FAX TO 814-865-6982 OR DROP OFF at UHS along with all immunization records. Upon receipt of your completed form and immunization records, your appointment will be scheduled.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PSU ID#: \_\_\_\_\_

Legal Sex:  Male  Female  Non-Binary      Sex at Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary care physician's name: \_\_\_\_\_

Primary care physician's address: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRAVEL PLANS** (list additional information on back of form if needed):

Date of Departure for Destination: \_\_\_\_\_ Return Date/Length of Trip: \_\_\_\_\_

Have you traveled internationally in the past?  Yes  No      If yes, where?: \_\_\_\_\_

Do you intend to travel frequently in the future?  Yes  No

Countries and cities in order of visit (list all, including stopovers)	Arrival Date	Departure Date
1.		
2.		
3.		
4.		
5.		
6.		

**Is your itinerary fixed?**  Yes  No  Not sure

**Destination:**  Rural  Urban  Remote  High Altitude (8,000ft/2500m or higher)  Beach

**Purpose of trip** (check all that apply)

Vacation  Education/research  Adoption  Visit friends or family  Missionary/volunteer/humanitarian relief

Work/Business  Medical/Dental care  Pilgrimage  Long-stay traveler

Other \_\_\_\_\_

**Organized tour?**  Yes  No  Party      Explain: \_\_\_\_\_

**Accommodations?**  Hotel  Hostel  Staying with locals/family/friends  Dorm  Camping

Cruise ship/Boat  Rented house/apartment  Availability of bed nets



(Affix Patient Label Here)

Patient Name:

DOB:

PRE-TRAVEL HEALTH CONSULTATION AND HISTORY FORM

Will you be traveling alone? Yes No If no, explain:

Do you plan to rent a car? Yes No

Planned activities:

- Air travel Biking Hiking Swimming Rafting Boating Scuba Climbing/Trekking
Contact with animals Caves/Spelunking Public transport (bus, train, etc.) Snorkeling
Visiting schools/hospitals or orphanages Medical/dental work Other:

Have you obtained travel medical evacuation insurance? Yes No

HEALTH HISTORY

Do you have any chronic health problems for which you take medication on a regular basis or see a health care provider?

Yes No If yes, explain:

Are you currently under the care of a physician for any health problem? Yes No

If yes, explain:

When was your last dental visit?

Do you smoke, vape, or use recreational drugs? Yes No

If yes, explain:

Do you drink alcohol regularly? Yes No

Have you ever taken undesirable risks or had an adverse reaction to the use of alcohol? Yes No

If yes, explain:

List any surgeries you have had in the past 5 years:

Check all that apply:

Allergies

- Antibiotics (e.g., penicillin, sulfa)
Other medications
Egg
Other Food Allergy:
Latex
Gelatin
Yeast
Bees/wasps
Animals
Seasonal/Environmental
Vaccine
Other
Side effects/reactions from previous medications (e.g., nausea, dizziness, stomach upset):
Anaphylactic reaction (severe allergic reaction)

Cancers/blood disorder

- Coagulation disorder
History of cancer or blood disorder
Blood transfusion within the past 5 years
Other

Skin

- Psoriasis

Other

Endocrine

- Diabetes
Thyroid disease
Other

Cardiovascular

- Arrhythmia (rhythm disturbance considered significantly abnormal including atrial fibrillation, heart block)
Implanted pacemaker or automatic defibrillator
Heart attack
High cholesterol
High blood pressure
Stroke
Other

GI

- Crohn's disease or ulcerative colitis
IBS
GERD
Chronic hepatitis
Cirrhosis or liver failure
Other

Kidneys

- Dialysis



(Affix Patient Label Here)

Patient Name:

DOB:

PRE-TRAVEL HEALTH CONSULTATION AND HISTORY FORM

- Kidney insufficiency
Other

Lungs

- Asthma
Emphysema/COPD
High Altitude Sickness
Prior TB Testing
Other

Immune system

- Steroids by mouth within last 3 months
Allergy immunotherapy
Immune suppressive medications or treatments within last 3 months
Spleen removed
G6PD Deficiency
Myasthenia Gravis/DiGeorge Syndrome
Thymus disease or thymectomy
HIV/AIDS
Organ, bone marrow, stem cell transplant
Other

Musculoskeletal

- Rheumatoid arthritis
Psoriatic arthritis
Tendonitis/Achilles heel rupture
Other

Neurologic/psychiatric

- Seizures or epilepsy
Anxiety /depression
History of Guillain-Barré
Disordered Eating
Other

Obstetrics/Gynecology

When was your last menstrual periods (LMP)?
Was your last LMP normal?
If no, explain:
Are you currently pregnant, trying to get pregnant, or planning a pregnancy in the near future?
Any risk of unplanned pregnancy?
Are you breastfeeding?
What form of contraception do you use?

Vaccination History:

Have you received a dose of the COVID-19 vaccine in the past 8 weeks?
Have you had a positive COVID-19 test or been diagnosed with COVID-19 in the past 3 months?
Have you received a dose of Mpox vaccine in the last 4 weeks?

CURRENT MEDICATIONS

Prescription medications: List all current prescription medications

Table with 2 columns: Medication, Reason for use/medical condition

(Affix Patient Label Here)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## PRE-TRAVEL HEALTH CONSULTATION AND HISTORY FORM

Non-prescription products: List current over-the-counter, herbal, homeopathic products, vitamins, supplements, etc.	
Product	Reason for use/medical condition

**Please tell us any additional information about your health history that you believe is important for us to know as you prepare for your trip, including any concerns or fears?**

I have answered this questionnaire fully and to the best of my ability.

Patient/Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Healthcare Provider's Signature: \_\_\_\_\_ RN / NP / PA / MD

Date Reviewed: \_\_\_\_\_

# Penn State University Health Services – Travel Clinic

## Charges and Billing

Please review and complete:

UHS offers travel appointments for students, eligible dependents, and eligible faculty and staff. Faculty, staff, and dependent students will be charged a \$70 consultation fee. You may also incur fees for laboratory tests and travel prescriptions. Payment will be due on the day of the visit. Patients interested in Yellow Fever or Typhoid vaccines will also be required to pay at the time of service. Yellow fever is \$200 and Typhoid is \$246. UHS accepts debit/credit card and health savings account payments only.

Any additional vaccines will be billed to your insurance. It is your responsibility to contact your insurance company to understand your coverage. Insurance information will be collected prior to your visit.

A "No Show" or late cancellation fee will be charged for missed travel clinic appointments or appointments not cancelled at least 24 hours prior to the appointment date/time.

**If your college/department is paying for any charges associated with your travel visit**, to ensure proper billing for your services, please fill out the information below. Anything not covered by your department or health insurance will be your responsibility.

**Is a Penn State college/department paying for your travel clinic charges?** \_\_\_ YES \_\_\_ NO

If yes, to ensure proper billing for your services, please complete the information below.

Penn State College/Department Name: \_\_\_\_\_

Name of College/Department Contact Person: \_\_\_\_\_

Campus Address for Contact Person: \_\_\_\_\_

Phone Number/Email Address of Contact Person: \_\_\_\_\_

---

**PRINTED NAME OF TRAVEL CLINIC PATIENT**

---

**Patient Signature**

---

**Date**

---

**PSU ID#/DOB**

Form Distribution:

Financial Services

308 Student Health Center

3/15/2024

Page 1 of 1