

There is a \$70 charge for Travel Clinic consultations. Additional fees for immunizations and medications may also apply. The \$70 visit fee will be an out-of-pocket charge. Only immunizations will be submitted to insurance, but we cannot guarantee these will be covered. **In fact, most insurance carriers or prescription plans DO NOT pay for services related to Travel Clinic visits.** Please consult your insurance carrier for coverage before the appointment. Insurance information will be collected at the time of check-in if you would like UHS to submit your immunizations for payment consideration. Faculty, staff and students should provide an account number if your department is paying for your Travel Clinic fees.

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. Alternatively, you can access the CDC Yellow Book on your mobile device using iTunes app store or Google Play.

Center for Disease Control - <http://wwwnc.cdc.gov/travel>

Shoreland travel services - <https://tripprep.com/>

U.S Department of State - www.travel.state.gov/

Traveler's Diarrhea - <http://wwwnc.cdc.gov/travel/page/travelers-diarrhea>

Malaria - <http://www.cdc.gov/malaria/>

Yellow Fever Vaccination - <http://www.cdc.gov/yellowfever/>

Vaccine Information Statements - <http://www.immunize.org/vis/>

Traveler's Insurance Plan: <http://studentaffairs.psu.edu/health/services/insurance/educationAbroad.shtml> Other

Travel Medical Insurance Options: <https://travel.state.gov/content/passports/en/go/health/insurance-providers.html>

Those scheduled to travel are encouraged to use the Penn State Travel Safety Network: <http://tsn.psu.edu>

PSU students can view immunization records on file at University Health Services and receive secure messages from travel staff. Please log onto the UHS website: <http://www.studentaffairs.psu.edu/health/myUHS/login.shtml>

Please bring the following to your appointment (If you do not have this information at the time of the appointment, you may be asked to reschedule):

1. A list of current medications and dosages, medical conditions, allergies, and recent hospitalizations and/or surgeries.
2. Flight information, stops for refueling, and transit/border crossings to other countries; these will be important to help determine the need for Yellow Fever and/or other vaccines.
3. Immunization records (infant/preschool, elementary school, high school, college entrance, emergency department visits, occupational, seasonal, military, or previous travel records) or vaccine titer blood tests. If you have received a previous "International Certificate of Vaccine" record, please bring this with you.

**We encourage you to have something to eat and drink prior to your appointment.

****Promptly notify the UHS Travel Clinic of any changes or additions in your itinerary.** Fax changes to 814-867-2584, "Attention Travel Clinic", or call University Health Services at 814-863-0774 and ask to speak with the travel receptionist. Cancel travel appointments 24 hours in advance in order to avoid a "no show" fee.

It is important that you arrive to your appointment on time and check in at the kiosk and register with the receptionist. Your visit will last approximately one hour. There is a 15 minute waiting period after most vaccinations.

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.



**UNIVERSITY HEALTH SERVICES (UHS)
Pre-Travel Health Consultation and History Form**

BRING ALL IMMUNIZATIONS AND TRAVEL IMMUNIZATIONS FOR APPOINTMENT

Personal Information: Please complete this section

| | | |
|--|---|--------------------|
| Traveler's Name: _____ | PSU ID# _____ | Date: _____ |
| Date of Birth: _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Address: _____ _____ | | |
| Telephone: (home) _____ (work) _____ | E-mail: _____ (cell) _____ | |
| Occupation: _____ | | |
| Country of Birth: _____ | Citizenship: _____ | |

Trip Information:

Date of Departure from home: _____ Return date/length of trip: _____
 Have you traveled internationally in the past? Yes No Where? _____
 Do you intend to travel frequently in the future? Yes No Maybe
Itinerary: Please give **ALL** countries to be visited, including stopovers, in the order (if possible) to be visited:

| Countries and cities in order of visit | Arrival Date | Departure Date |
|--|--------------|----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Destination: Urban Rural Remote At High Altitude Beach
 (8000 ft/2500 m or higher)

Is this a fixed itinerary? Yes No Unsure

Purpose of trip: (check all that apply)
 Vacation Medical care Business Pilgrimage
 Education Adoption Volunteer/Humanitarian Other
 Visiting Friends and/or Relatives Long-stay traveler

Organized tour? Yes No Partly
 Explain: _____

Accommodations: Hotel Hostel Staying with locals/family/friends Dorm
 Rented House/Apt Camping Cruise Ship/Boat Availability of bed nets

Will you be travelling alone? Yes No
 If no, Explain _____

Planned Activities: (check all that apply)
 Air Travel Biking Hiking Swimming
 Rafting Boating Scuba Climbing/trekking
 Contact with Animals Cave/spelunking Public transport (bus, train, etc) Snorkeling
 Visiting schools, hospitals or orphanages Medical or dental work Occupational exposure
 Other: _____

Do you plan to rent a car? Yes No
Have you obtained travel medical evacuation insurance? Yes No

Health History:

Primary Care Provider: _____ **Telephone:** _____

Address: _____

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, please explain: _____

Are you currently under the care of a physician for any health problem: Yes No
Do you have any chronic health problems requiring special equipment (i.e. oxygen, wheelchair, syringes): Yes No
If yes, please explain: _____
When was your last dental visit? _____



**UNIVERSITY HEALTH SERVICES (UHS)
Pre-Travel Health Consultation and History Form**

BRING ALL IMMUNIZATIONS AND TRAVEL IMMUNIZATIONS FOR APPOINTMENT

Health History, cont'd.: Traveler's Name: _____

PSU ID# _____

Do you currently have or have a past history of:

- Antidepressant or psychiatric medication use _____ Yes [] No []
- Depression, anxiety, panic attacks _____ Yes [] No []
- Diabetes _____ Yes [] No []
- Psoriasis (skin disease) _____ Yes [] No []
- Seizures or convulsions _____ Yes [] No []
- Cardiac conduction defect, have a pacemaker _____ Yes [] No []
- Heart disease or surgery _____ Yes [] No []
- Respiratory (lung) disease _____ Yes [] No []
- Muscle or bone problems _____ Yes [] No []
- Intestinal problems including heartburn or reflux _____ Yes [] No []
- Immune disorder (cancer, HIV, bone marrow or organ transplant, rheumatoid arthritis treatment, inflammatory bowel disease) _____ Yes [] No []
- In the last 3 months have you taken any medications that affect your immune system? (chemotherapy, prednisone, steroids, TNF blockers, other biologics?) _____ Yes [] No []
- Live/work closely with anyone with an immune disorder _____ Yes [] No []
- Thymus gland surgery or disorder (myasthenia gravis, DiGeorge syndrome) _____ Yes [] No []
- G6 PD Deficiency _____ Yes [] No []
- History of altitude illness _____ Yes [] No []
- Surgery or hospitalization in the past 5 years _____ Yes [] No []
- Have you had any transfusions or blood products in the past 5 years? _____ Yes [] No []
- Have you ever had Hepatitis (liver infection)? _____ Yes [] No []
- Has your spleen been removed? _____ Yes [] No []
- Do you drink alcohol regularly? _____ Yes [] No []
- Do you smoke? _____ Yes [] No []
- Have you ever had a TB test? _____ Yes [] No []
- History of tendonitis/achilles' heel rupture _____ Yes [] No []
- Other medical problem _____ Yes [] No []

Please explain any "Yes" answers: _____

Allergies:

- Medication(s) Yes [] No [] If yes, list: _____
- Reaction to vaccine Yes [] No [] If yes, list: _____
- Egg** or other food allergies Yes [] No [] If yes, list: _____
- Animals Yes [] No [] If yes, list: _____
- Environmental Yes [] No [] If yes, list: _____
(pollens, dust, hay fever, etc.)
- Bee stings Yes [] No []
- Latex Yes [] No []
- Have you ever experienced anaphylaxis (severe allergic reaction)? Yes [] No [] If yes, list: _____

Medications:

Please list **all** prescribed and over-the-counter medications and supplements you use:

| Medication or supplement: | Reason for use: |
|---------------------------|-----------------|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |
| 5 _____ | _____ |

Women:

- When was your last menstrual period? _____ Was it normal? Yes [] No []
- Are you currently pregnant, trying to get pregnant or planning a pregnancy in the near future? Yes [] No []
- Any risk of an unplanned pregnancy? Yes [] No []
- Are you breastfeeding? Yes [] No []
- What form of contraception do you use? _____

Please tell us any additional information that you believe is important for us to know as you prepare for your current trip including any concerns or fears: _____

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

Traveler's signature _____ Relationship if minor _____ Date _____

Reviewed by: _____ RN / NP / PA / MD Date _____

**UNIVERSITY HEALTH SERVICES
FINANCIAL INFORMATION FORM**

Typically there are charges for your travel service visit and for any immunizations.

1. Is a Penn State college/department responsible for paying the charges?
_____ Yes _____ No

If yes, complete the following:

Name of Departmental Contact Person: _____

College/Department: _____

Building Address for Contact Person: _____

Phone Number for Contact Person: _____

2. If the answer to Question 1 is No, the charges can be paid at the front desk at the day of your visit, or will be posted to your student/nonstudent account at the Bursar's Office.

PRINT NAME PATIENT NAME

Patient's Signature

Date

PSU ID #