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 - <a href="http://wwwnc.cdc.gov/travel">http://wwwnc.cdc.gov/travel</a>

Shoreland travel services - <a href="https://tripprep.com/">https://tripprep.com/</a>

U.S Department of State - <a href="www.travel.state.gov/">www.travel.state.gov/</a>

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

Malaria - <a href="http://www.cdc.gov/malaria/">http://www.cdc.gov/malaria/</a>

Yellow Fever Vaccination - <a href="http://www.cdc.gov/yellowfever/">http://www.cdc.gov/yellowfever/</a>

Vaccine Information Statements - <a href="http://www.immunize.org/vis/">http://www.immunize.org/vis/</a>

providers.html

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

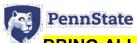
PSU students can view immunization records on file at University Health Services and receive secure messages from travel staff. Please log onto the UHS website: <a href="http://www.studentaffairs.psu.edu/health/myUHS/login.shtml">http://www.studentaffairs.psu.edu/health/myUHS/login.shtml</a>

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- 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.

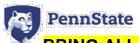
The Travel Clinic utilizes TRAVAX, a computer software program which is updated weekly with information from the CDC, ACIP, AAP, and WHO, as well as ongoing global surveillance and published literature.



# 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				
raveler's Name: PSU ID# Date:				
Date of Birth: Male [ ] Female [ ]				
Address:	_			
Telephone: (home) E-n	nail:			
(work) (ce				
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				
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.				
	mote [ ] At High Altitude [ ]	Beach	[ ]	
	(8000 ft/2500 m or higher			
Is this a fixed itinerary? Yes [ ] No [ ] Ur	sure [ ]			
Purpose of trip: (check all that apply)				
Vacation [ ] Medical care	[ ] Business	[ ] Pilgrimag	je []	
Education [ ] Adoption	[ ] Volunteer/Humanitariar		[ ]	
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				
ii iio, Explairi	<del></del>			
Planned Activities: (check all that apply)				
Air Travel [ ] Biking [ ]	Hiking [ ]		ning [ ]	
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:				
De very plan to ment a cont				
Do you plan to rent a car? Yes [ ] No [ ] Have you obtained travel medical evacuation insurance	ce? Yes[]No[]			
Health History:	100[] 110[]			
Primary Care Provider:	Telephone:			
Address:	reiephone.			
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:		. <b>.</b> .	<b></b>	
When was your last dental visit?				

132 (b) 2-CS 03/18 Page 1 of 2



# 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[ ]
Diabetes Psoriasis (skin disease)	Yes[] No[]
Seizures of convuisions	TEST INOT I
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,	V [ ] N- [ ]
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 bloc	koro
other biologics?) Live/work closely with anyone with an immune disorder	
Thymus gland surgery or disorder (myasthenia gravis, DiGeorge syndrome)	
G6 PD Deficiency	
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?Have you ever had a TB test?	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:	
Allernian	
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:	
Animale Vac [ ] No [ ] If yes, list:	
Animals Yes [ ] No [ ] If yes, list:	
(pollens, dust, hay fever, etc.)	
Ree stings Yes [ ] No [ ]	
Bee stings Yes [ ] No [ ] Latex Yes [ ] No [ ]	
Have you ever experienced anaphylaxis (severe allergic reaction)? Yes [	1 No [ 1 If ves. list:
Medications:	1 1 7 1 7 1 1
Please list <u>all</u> prescribed and over-the-counter medications and supplements you use:	
Medication or supplement: Reason for use:	
1	
2	
<u>3</u>	
5	
Women:	
When was your last menstrual period? Was it normal? Yes [ ] No [	1
Are you currently pregnant, trying to get pregnant or	1
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?	The second secon
Please tell us any additional information that you believe is important for us to know as you force:	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

132 (b) 2-CS 03/18 Page 2 of 2

### UNIVERSITY HEALTH SERVICES FINANCIAL INFORMATION FORM

Typically there are charges for your travel service visit and for any immunizations. 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 Date Patient's Signature

Distribution: Financial Services 308 Student Health Center

PSU ID#