

Pre-Travel Visit Worksheet

MU Student Health Center, Pershing Hall
909 Hitt St. DC800.00
Columbia MO 65211
Phone 573-882-7481
Fax 573-882-5370

Name:
Student ID number:
Current phone number:

The information you provide on this form allows the Student Health Center's Staff to prepare for your upcoming Travel Visit and assess your immunization and other travel needs. Return the completed form, along with the most current copy of your immunization record, to the University of Missouri Student Health Center by fax (573-882-5370) or email as an attachment. Once we receive the completed form and immunization records, the staff will call you to schedule your appointment. Please note the visit may take up to one-hour. To help clarify any potential questions, please bring copies of your immunization records to the appointment. This should include childhood to present, including any additional shots you may have had since originally turning in your records upon entrance to the University of Missouri.

Travel Information

Please respond completely and thoroughly.

Date of departure: _____ Date of return: _____

Purpose of trip (check all that apply):

Organized group travel	Independent travel	Vacation	Education or research
Visit friends or family	Missionary, volunteer, or humanitarian	Work	Other

Will you be:

Visiting areas that are:

Rural	Yes	No	Maybe
Urban	Yes	No	Maybe
Primitive or remote	Yes	No	Maybe

Ascending to high altitudes (8,000 feet or higher)? Yes No Maybe

Working with potential exposure to body fluids (e.g., medical or dental work)? Yes No Maybe

Working with animals or insects? Yes No Maybe

Doing fieldwork? Yes No Maybe

Potentially having new sexual partners? Yes No Maybe

Accommodations (check all that apply):

Resort/large hotel	Small hotel, guest house, B&B	Cruise ship	Private home
Primitive camping	Up-scale camp or lodge	Dormitory or hostel	Other

Previous international travel (include year and destination):

All planned destinations

Country and cities in order of visit

Arrival date

Departure date

What vaccines and medications do you anticipate needing?

(See the country specific information on the CDC Traveler's health website to help answer.)

List any chronic medical conditions:

List any allergies to food, medication, etc:

List all medications you are currently taking (including vitamins and herbal supplements):

Medical history (check all that apply):

skin disease, eczema	high blood pressure	digestive tract problem	urinary tract problem
hay fever	heart problem	jaundice/liver disease	seizure disorder
back problem	lung disease	immune deficiency disorder	headaches (frequent/severe)
blood disorder	diabetes	cancer	emotional/mental problems

If any recent surgery provide type and date:

If any recent hospitalization provide type and date:

Is a physical exam required for your travel? Yes No

Additional questions or concerns about your travel: