

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:

MU ID #

Current phone #

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 MU 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.

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/research Visit friends or family
 Missionary/volunteer/humanitarian Work Other

Will you be:

Visiting areas that are:

Rural Yes No Not sure

Urban Yes No Not sure

Primitive or remote Yes No Not sure

Ascending to high altitudes (8,000 ft. or higher)? Yes No Not sure

Working with potential exposure to body fluids (e.g., medical or dental work)? Yes No Not sure

Working with animals or insects? Yes No Not sure

Doing fieldwork? Yes No Not sure

Potentially having new sexual partners? Yes No Not sure

Accommodations (check all that apply):

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

Previous international travel (year/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 web site](#) 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

- | | | | |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> skin disease, eczema | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> digestive tract problem | <input type="checkbox"/> urinary tract problem |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> heart problem | <input type="checkbox"/> jaundice/liver disease | <input type="checkbox"/> seizure disorder |
| <input type="checkbox"/> back problem | <input type="checkbox"/> lung disease | <input type="checkbox"/> immune deficiency disorder | <input type="checkbox"/> headaches (frequent/severe) |
| <input type="checkbox"/> blood disorder | <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer | <input type="checkbox"/> emotional/mental problems |

If any recent surgery provide type and date

If any recent hospitalization provide reason and date

Is a physical exam required for your travel?

Yes No

Additional questions or concerns about your travel: