University of Northern Iowa
Student Health Clinic

Travel Consultation Request Form

Please fax this form to UNI Student Health Clinic at (319) 273-7030 or come in person with a copy of immunization records 8-10 Weeks before your trip. You will be contacted **via email within 7 working days** to schedule your appointment.

Name: _____ UNI Student ID: _____

Today's Date: ____/____/____ Date of Birth: ____/____/____

Telephone No.: (____) _____

E-Mail Address: _____

Travel Specifics

Purpose of Trip: ☐ School Related Study/Work What school? _____

☐ Pleasure ☐ Business ☐ Other: _____

What will you be doing on this trip?

_____

_____

Departure Date from United States: _____ Return Date to United States: _____

MUST BE COMPLETED WITH COUNTRIES AND CITIES BEFORE A CONSULTATION WILL BE SCHEDULED*

Countries AND cities to be visited in order of visits (Include layovers)	Arrival Date	Departure Date

A. Have you travelled outside the United States before? ☐ Yes ☐ No

If yes, **where and when**?: _____

B. Will you be: Yes No

☐ ☐ Visiting ONLY major cities? **If no, explain:** _____

_____

☐ ☐ Staying ONLY in hotels? **If no, explain:** _____

☐ ☐ Visiting friends and family?

☐ ☐ Ascending to high altitudes (>7,000 ft. or 2,300 meters) in the mountains.

☐ ☐ Working in the medical or dental field with exposure to blood or other body fluids?

☐ ☐ Working with exposure to animals?

☐ ☐ Potentially having sexual contact with new partners?

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Allergies

☐ No known drug allergies ☐ No known food allergies

ALLERGIES (please list ALL drug, food, and seasonal) :_____

Immunizations

Were you born in the United States? Yes ☐ No ☐

If no, where? _____

A COMPLETE vaccination record must accompany this form. Check with us to see if we have a complete record and we will print for you to submit, otherwise you must provide your record when submitting this form. NO appointments will be scheduled without a COMPLETE immunization record.

Medical History

List your current prescription medications and medical condition treated: (**include birth control pills**

Current Prescription Medications	Condition or Reason for Use
1.	
2.	
3.	

List regularly used non-prescription medications (Over-the-counter, herbal, homeopathic, vitamins, etc.)

Regularly Used Non-Prescription Medications	Condition or Reason for Use
1.	
2.	
3.	

Have you been told you have any of the following medical conditions (**check all that apply**)?

Yes	No		Yes	No		Yes	No	
☐	☐	Anemia	☐	☐	G6PD Deficiency	☐	☐	Liver Disease/Hepatitis
☐	☐	Asthma	☐	☐	Gout	☐	☐	Lung Disease
☐	☐	Blood Clotting Problems	☐	☐	Hearing Problem	☐	☐	Prostate Problems
☐	☐	Cancer	☐	☐	Heart Disease	☐	☐	Psoriasis/Other Skin Problem
☐	☐	Depression	☐	☐	High Blood Pressure	☐	☐	Psychiatric Problems
☐	☐	Diabetes	☐	☐	High Cholesterol	☐	☐	Sickle Cell Disease
☐	☐	Ear Infections Chronic or Frequent	☐	☐	Hormone Problems	☐	☐	Stomach Ulcer
☐	☐	Epilepsy/Seizure Disorder	☐	☐	Immune System Deficiency	☐	☐	Stroke
☐	☐	Eye Problems (Except glasses/contacts)	☐	☐	Kidney Disease	☐	☐	Thyroid Problems
						☐	☐	Other:

(For Women Only)

a. Last normal menstrual period: _____ b. Are you/could you possibly be, pregnant? ☐ Yes ☐ No

Questions/Concerns

1. Please list additional questions or concerns that you might have regarding your travel? (i.e., Int'l. voltage requirements, currency exchange, dealing with seasickness, etc.) _____

******Important information:** Most vaccinations require 2-4 weeks to reach full effectiveness. **Submit your request form no later than 4 weeks before departure. Requests submitted less than 2 weeks before departure date may not be able to be accommodated** and you may not be able to receive the desired immunization.

During peak times, consultations may need to be scheduled 4-6 weeks out. If you submitted your request at least 6 weeks prior to departure, your in clinic appointment will be scheduled no later than 4 weeks before your departure.

No immunizations or travel medications (“malaria pills”) will be given without a UNI- SHC travel consultation. If an outside clinic completes your consultation you should receive any recommended immunizations/medications from them.