



place label here

Name: _____

UIN: _____

Date: _____

TRAVEL VISIT HISTORY

1. Destinations: (be specific i.e., all countries, states or provinces) _____

2. Travel Plans:

Departure from C-U (specify date) _____ Departure from USA (specify date) _____

Return to USA (specify date) _____ Total length of stay outside of USA _____

3. Travel Itinerary Plans: (Check appropriate boxes)

- Hiking in rural or wooded areas
- Working with animals
- U of I Business (hotels)
- Resort
- Swimming in local streams/lakes
- Working in health related field
- Group travel (_____)
- _____

4. Have you traveled internationally before? Yes No

If traveled before internationally, did you get ill? Yes No

If yes, what _____

5. Have you been seen by McKinley for previous travel? Yes No

Is your itinerary similar to previous travel? Yes No

If not, how is it different? _____

6. List medications you anticipate needing before or during the trip and reasons for taking: _____

7. Will you be traveling in an area where medical treatment within 24 hours would be difficult? Yes No

8. List any special concerns about travel. _____

NOTE: Please bring any immunization records you have to your Consultation appointment.

Student Signature _____ Date _____

OFFICE USE ONLY

IMMUNIZATION HISTORY WORKSHEET

Check(✓) indicates an unconfirmed patient verbal report.

	Date	Disease	✓		Date	Disease	✓
Hepatitis A				PPD / RESULT			
Hepatitis B				Rabies			
Influenza				Td			
Japanese Encephalitis				Typhim Vi			
Menomune				Typhoid Oral			
MMR				Varicella			
Polio				Yellow Fever			

Comments: _____

Reviewed by: _____