UNC Health Campus Care at Carolina International Travel Clinic

Fee for travel services: Student: $65 | Non-student: $110-$135
This fee is NOT covered by insurance and will be charged to you upon submission of this questionnaire.

Name:	PID:	DOB:
Mailing Address:	Gender:	Phone:

Please complete this form with a recent version of Acrobat Reader (ver. 10 or later). If you will visit more than five countries, please list on a 2nd travel questionnaire. If you have questions about completion of this form, please call the travel clinic at 919-966-6573 or send an email to travelclinic@unc.edu.

1. Travel itinerary: List **ALL** countries you might visit **in order** of travel. An additional fee may apply **IF** substantial changes

Arrival date	Country	City, region,or area	Departure date from area
Return Date to U.S.		Previous trips outside of U.S.	

Reason for Travel: ☐ Study abroad ☐ Medical/dental work with patient contact ☐ Vacation ☐ Conference ☐ Business ☐ Visit friends and family ☐ Other:

My travel is University-related. I've registered my trip at http://globaltravel.unc.edu. ☐ Yes ☐ No

2. Immunizations you have received and dates. Completion required. Attachments allowed.

Tetanus (last): Tdap ☐ Td ☐		Polio (last)	Japanese Encephalitis:
MMR: (1) (2)		Meningococcal (MenACWY):	Rabies (≥3 doses):
Hepatitis B: (1) (2)		Varicella: (1) (2) ☐ Had Chickenpox	Typhoid injection (last):
Hepatitis A: (1) (2)		Pneumococcal adult dose:	Typhoid Oral caps (last):
COVID (last):		Influenza (last):	Yellow Fever (last):

3. Risk assessment: Please check all that apply.

☐ Work with animals ☐ Visit/work near swamps, rice or pig farms ☐ Rural areas ☐ Urban areas ONLY ☐ Camp/hike/bike
☐ Stay with local family ☐ High altitude (Over 8,000 ft./2,500 m) If so, trekking: Y ☐ N ☐ ☐ Scuba diving ☐ Spelunking/caving
☐ Extensive freshwater (not saltwater) exposure such as water sports or research/work related

My accommodations are: ☐ Hotels with air-conditioning ☐ Hostels with screening ☐ Local housing/apartment ☐ Tent ☐ Unknown/varied

4. Medical conditions. Completion required.

Positive TB skin test	Y ☐ N ☐	Severe headaches	Y ☐ N ☐	Blood clotting disorder or ever had a DVT or PE	Y ☐ N ☐
Heart problems	Y ☐ N ☐	Pregnant/breastfeeding	Y ☐ N ☐	Any thymus disorders: myasthenia gravis, DiGeorge syndrome, thymoma	Y ☐ N ☐
Seizure disorder	Y ☐ N ☐	Sickle cell anemia	Y ☐ N ☐	Have you been tested for G6PD deficiency If so, please check if positive or negative	Y ☐ N ☐
Psoriasis	Y ☐ N ☐	Sickle cell trait	Y ☐ N ☐	Severely allergic (anaphylaxis) to latex	Y ☐ N ☐
History of tendon rupture	Y ☐ N ☐	Splenectomy	Y ☐ N ☐	Severely allergic (anaphylaxis) to eggs	Y ☐ N ☐
Asthma	Y ☐ N ☐	Diabetes	Y ☐ N ☐	Carry Epinephrine - EpiPen or Auvi-Q	Y ☐ N ☐
Psychiatric disorder	Y ☐ N ☐	Immune deficiency/cancer	Y ☐ N ☐		

5. Medical condition(s) not listed above: ☐ **None**

6. Medications (including antacids/Prilosec): ☐ **None**

7. Allergies & reaction to meds, vaccines, food, insects: ☐ **None**

For chronic medical conditions, I will check with my physician to discuss my care during travel, how to handle a worsening of symptoms, and if I should avoid specific vaccine(s). I read the CDC recommendations for my itinerary and relevant topics at **cdc.gov/travel** and **CDC Traveler Information Center**.

Signature	Date