University of Iowa Student Health & Wellness
Request for International Travel Consultation

Name: _____________________________ Date of Birth: __________________ Student ID: __________

Today’s Date: __________

E-mail address: _________________________ Phone number: _________________________________

Instructions:
Please provide as much information as possible so we can best serve you. Submit your form promptly so you can schedule your appointment.

To deliver your form:

• Email to travelforms@healthcare.uiowa.edu
• Deliver to Student Health & Wellness (4189 Westlawn)
• Fax to 319 384-1703 Attention: Travel

Travel Itinerary: List your primary destination(s); plus any travel before and after that location

<table>
<thead>
<tr>
<th>Destination – country and location</th>
<th>Arrival Date:</th>
<th>Departure Date:</th>
<th>Accommodations: hotel, hostel, camp</th>
<th>Purpose:</th>
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Health Information:

Current Medications and Supplements: _____________________________________________________
___________________________________________________________________________________

Allergies (medications, environmental, immunizations, eggs...): __________________________
___________________________________________________________________________________

Chronic Medical Problems (G6PD deficiency, blood clot, cancer, HIV, immune disorders): __________
___________________________________________________________________________________
Name: _____________________________ Date of Birth: ___________________ Student ID: __________

Immunization History:

☑ Attached – be sure to include your name, date of birth and student ID on any attachments

☐ Previously submitted to Student Health and Wellness

Females only:

Date of last menstrual period: __________________________
Pregnant: __________________________
Planning pregnancy during travel: __________________________

The information provided will be used to determine which immunizations and medications you need and will receive at your clinic visit.

Inquire with your insurance about coverage for travel immunizations and medication before your appointment.

You will be contacted by email with your appointment time. Travel clinic appointments are not included in the student health fee. Please be considerate when cancelling and/or rescheduling your appointment.

Provide 3 dates and times you are available for an appointment.

1. ______________________________________________
2. ______________________________________________
3. ______________________________________________