

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

Destination – country and location	Arrival Date:	Departure Date:	Accommodations: hotel, hostel, camp	Purpose:

Health Information:

Current Medications and Supplements: _____

Allergies (medications, environmental, immunizations, eggs...): _____

Chronic Medical Problems (G6PD deficiency, blood clot, cancer, HIV, immune disorders): _____

University of Iowa Student Health & Wellness

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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.

There is a charge for the travel **consult** that is NOT covered by insurance and will be placed on your U-bill.

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. _____