REQUEST FOR INTERNATIONAL TRAVEL CONSULTATION

University of Iowa Student Health Travel Clinic

Name	Today's Date	
Date of Birth	Student ID	
E-mail	Phone Number	
 Submit form promptly via E-mail attachment PDF to travelforms@ Print and deliver to Student Health & We If a physical examination is a requirement f 	ur itinerary, health, and available times for appointment healthcare.uiowa.edu ellness (4189 Westlawn) or fax to (319) 384-1703 for international travel (study abroad program, employment, ease call (319) 335-8394 to schedule an appointment separ	
Itinerary		
Purpose(s)		
Destination(s)		
Accommodations	Arrival date	Return Date
Health Information		
Allergies (medications, environmental, eggs,	etc)	
Medication(s) & Supplement(s)		
Chronic Medical Conditions		
Females - date of last menstrual cycle	Pregnant/plan for pregnancy during travel	
Immunizations		

Appointment

The information provided will be used to determine which immunizations and prescriptions you may need /receive at your clinic visit. Inquire with your insurance about coverage for travel immunizations, medications, and travel consultation (not covered by your health fee) BEFORE your appointment - it differs between plans and tier levels. The Travel Clinic will not know your coverage.

You will be contacted by e-mail with your appointment time. Please be considerate when cancelling and/or rescheduling your appointment. Please indicate below days (not dates) of the week and times during the week (Monday through Friday, check-in times 8:15 AM to 11 AM and 1 PM to 4 PM) to schedule your appointment. The clinic is located at Westlawn building, not the lowa Memorial Union.

day of the week preference #1 time(s) - allow for an hour

day of the week preference #2 time(s) - allow for an hour

day of the week preference #3 time(s) - allow for an hour