



Travel Health Clinic
 200 Foust Hall/600 E. Preston - Mt. Pleasant, MI 48859
 (989) 774-6599 option 2 Phone or (989) 774-1509 fax
 E-mail: healthservices@mich.edu

Please PRINT Clearly

Health History

Name: _____ Date of Birth: _____
Last, First, Middle (please print)

Circle Answer

1. Do you have any medication/food/exposure allergies? If yes, please list below: No Yes

Allergic to:	Type of Reaction:

2. Have you ever had an adverse reaction to an immunization? No Yes
 If yes, which immunization and what type of reaction?

3. Are you now or have you ever been treated for leukemia, lymphoma, cancer, other malignant disease or immune deficiency? If yes, please specify: No Yes

4. Do you currently live with anyone who has an immune deficiency? No Yes

5. Do you have a history of anemia or any other blood disorder? No Yes
 If yes, please specify: _____

6. Do you have any existing medication condition, e.g., diabetes, heart disease, asthma, neurological or psychological history? No Yes
 If yes, please specify: _____

7. Have you had any surgeries? No Yes
 If yes, please specify: _____

8. Are you pregnant or do you plan to become pregnant in the next 3 months? No Yes

9. Are there any other health concerns you have related to your travel plans? No Yes
 If yes, please specify: _____

10. Please list all medications (prescription and over the counter). Include any vitamins, minerals, herbs, or other supplements that you take regularly.

Medication	Dosage	Frequency

Add additional sheets if necessary

Process:

1. Obtain Forms

- Pick up at 200 Foust Hall, located at 600 E. Preston, Mt. Pleasant, MI
OR
- Print from our clinic website at www.healthservices.cmich.edu
 - On the sidebars, click on:
 - Immunization/Travel Health Clinic
 - Travel Health Clinic
 - In middle of Travel Health Clinic page is the file: TRAVELPACKET.pdf

2. Submit Completed forms

- Drop off or mail to: CMU Health Services, 200 Foust Hall, 600 E. Preston, Mt. Pleasant, MI 48859
OR
- Fax to us at (989) 774-4335
OR
- Email to us healthservices@cmich.edu

3. Get Appointment

- After you submit your forms, one of our Travel Health Clinic nurses will contact you to schedule an appointment after a packet of information has been assembled for your area of travel. **This may take 1-2 weeks.**

4. Billing of Services

- The Travel Health Visit includes a brief visit with one of our physicians, a review of your itinerary, personal health history, immunization status and development of recommendations specific to your needs.
- An office visit charge, along with immunization charges, (if any), will be billed:
 - A) Directly to the patient (self-pay); or B) to patient's insurance

Patients who choose Option A, the self-pay option, may qualify for a 30% discount.
Please let staff know how you would like visit charges billed **at time of appointment check-in.**
Once/if insurance is billed, the 30% discount cannot be applied.

Important: Please note, some health insurance plans do not cover preventive services, including immunizations for any reason including travel. It is the patient's responsibility to contact their insurance company with questions about coverage for this and any other service. The patient is responsible for all visit charges.

Travel Health appointments are limited in number, so we ask that you notify us at least 24 hours in advance if you cannot keep your scheduled appointment so other patients may schedule appointments.

To cancel or reschedule, call our Appointment Desk at (989) 774-6599, option #1.

Please note that there is a \$20 charge for failure to notify us in advance that you cannot keep your appointment.

If you have any questions, or need additional information, please do not hesitate to contact us at (989) 774-6599, option #2. We look forward to assisting you with safe travel!



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Immunization History

Name: _____
Last, First, Middle (Please print.)

Date of Birth: _____

Include your childhood immunizations on this form. If you had the disease rather than the vaccine (e.g., a case of the chickenpox rather than receiving varicella vaccine), please include the actual or approximate dates.

Immunization/Disease	Disease Date	Immunization Dates			
1. Tetanus/diphtheria (Td) _____					
Tetanus/diphtheria/pertussis (Tdap) _____ <i>(one time booster)</i>					
2. Measles/mumps/rubella (MMR)*		#1	#2		
3. Polio: Oral (OPV) _____ Injectable (IPV) _____					
4. Varicella (chickenpox)		#1	#2		
5. Hepatitis B		#1	#2	#3	
6. Meningococcal Meningitis: Menomune™ _____ Menactra™ _____					
7. Influenza (flu)					
8. Hepatitis A		#1	#2		
9. Immune Globulin					
10. Japanese Encephalitis					
11. Plague					
12. Pneumonia (Pneumovax™)					
13. Rabies					
14. Typhoid: Oral _____ Injectable _____					
15. Yellow Fever					
16. BCG					
17. TB (Mantoux PPD skin test)					
18. Other (specify)					
*If MMR not received, specify individual vaccines/diseases.					
Measles (rubeola)					
Mumps					
Rubella (German measles)					

Patient Signature: _____

Date: _____



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Patient Registration

Please complete this form and return it to the CMU Travel Health Clinic, 200 Foust Hall, Mt. Pleasant, MI 48859. The travel health nurse will contact you in approximately 1-2 weeks to schedule your travel health visit. This information is confidential and will be used only to prepare recommendations specific to your personal travel health needs.

Patient's Name	(Last, First, Middle)	Campus ID #			
Local Address	(Street)	Apt/Rm #	City	State	Zip
Age	Date of Birth	Sex	Local Phone #		
Email: _____		Leave Date: _____	Return Date: _____		

Travel Information

Please indicate all the countries to which you will be traveling in the order in which you will visit them and indicate the length of time you will stay in each country. Add additional pages if necessary.

	Destination	Where will you stay?	Length of stay	Rural/Urban
1				
2				
3				
4				
5				

Please check all that apply to your travel plans.

Major resort hotels		Cruise Ship		Camping		Outdoor activities	
Staying with a family		Small Hotels		Safari		Animal Exposure	
Rented foreign home		Youth hostels		Rural travel at any time		Other	

What is the purpose of your travel? Check all that apply.

Business		Study		Vacation		Missionary	
Teaching		Volunteer Agency		Field Work		Climbing	
Diving		Other					