VCU Student Health Services
Travel Health Form

Section A: Student, Please Complete Section A

Name: _____ Date: _____

Date of Birth: _____ Phone # _____ E-Mail: _____

Destinations (Country & City Names) Arrival Date Departure Date

1. _____

2. _____

3. _____

Where will you be and what are your plans. Please check all that apply:
** A post trip skin test for tuberculosis exposure may be recommended depending on the situation.

☐ rural ☐ city ☐ high altitudes (1500 meters or above) ☐ desert
☐ rainforest ☐ Amazon ☐ other: _____

☐ live with a host family** ☐ live or work at a refugee shelter, camp, community**
☐ live or work at an orphanage** ☐ visit friends or family**
☐ provide or observe health care** ☐ social services, construction, other services**

☐ sightseeing ☐ scuba dive ☐ scuba certified? www.dan.org for medical information
☐ climb or hike ☐ attend school ☐ language program ☐ theater, music, or art

Other: please describe: _____

If you have traveled outside the U.S. before, Where? :_____

Is your trip part of a University education program?: ☐ yes, VCU ☐ yes, other institution

Allergies to medications, bees, other: _____

Medicines you are now taking: _____

_____

☐ I am in good health Females: Pregnancy Risk? Yes No Pregnant Now? Yes No

History of the following: ☐ Asthma ☐ Seizures ☐ Psoriasis ☐ Glaucoma
☐ Heart problem ☐ Psychiatric illness or medication use

Other chronic health condition: _____

I certify that the above information is correct to the best of my knowledge.

Student Signature: _____ Date: _____