University of Northern Iowa  
Student Health Clinic  

Travel Consultation Request Form

Please fax this form to UNI Student Health Clinic at (319) 273-7030 or come in person with a copy of immunization records 8-10 Weeks before your trip. You will be contacted via email within 7 working days to schedule your appointment.

Name: ______________________  UNI Student ID: ______________________

Today's Date: __________ / __________ / __________  Date of Birth: __________ / __________ / __________

Telephone No.: (__________ )

E-Mail Address: ______________________

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**Travel Specifics**

Purpose of Trip: 

☐ School Related/Study/Work  What school? ______________________

☐ Pleasure  ☐ Business  ☐ Other: ______________________

What will you be doing on this trip?

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Departure Date from United States: ______________________  Return Date to United States: ______________________

**MUST BE COMPLETED WITH COUNTRIES AND CITIES BEFORE A CONSULTATION WILL BE SCHEDULED**

<table>
<thead>
<tr>
<th>Countries AND cities to be visited in order of visits (Include layovers)</th>
<th>Arrival Date</th>
<th>Departure Date</th>
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A. Have you travelled outside the United States before?  ☐ Yes  ☐ No

If yes, where and when?: ______________________

B. Will you be:  ☐ Yes  ☐ No

- Visiting ONLY major cities? If no, explain: ______________________
- Staying ONLY in hotels? If no, explain: ______________________
- Visiting friends and family?
- Ascending to high altitudes (>7,000 ft. or 2,300 meters) in the mountains.
- Working in the medical or dental field with exposure to blood or other body fluids?
- Working with exposure to animals?
- Potentially having sexual contact with new partners?

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**Allergies**

[ ] No known drug allergies  
[ ] No known food allergies

ALLERGIES (please list ALL drug, food, and seasonal):

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**Immunizations**

Were you born in the United States?  
[ ] Yes  
[ ] No  
[ ] No

If no, where?

A COMPLETE vaccination record must accompany this form. Check with us to see if we have a complete record and we will print for you to submit, otherwise you must provide your record when submitting this form. **NO appointments will be scheduled without a COMPLETE immunization record.**

**Medical History**

List your current prescription medications and medical condition treated: **(include birth control pills)**

<table>
<thead>
<tr>
<th>Current Prescription Medications</th>
<th>Condition or Reason for Use</th>
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List regularly used non-prescription medications (Over-the-counter, herbal, homeopathic, vitamins, etc.)

<table>
<thead>
<tr>
<th>Regularly Used Non-Prescription Medications</th>
<th>Condition or Reason for Use</th>
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Have you been told you have any of the following medical conditions **(check all that apply)**?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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(For Women Only)

a. Last normal menstrual period:

b. Are you/could you possibly be pregnant?  
[ ] Yes  
[ ] No

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Questions/Concerns

1. Please list additional questions or concerns that you might have regarding your travel? (i.e., Int'l. voltage requirements, currency exchange, dealing with seasickness, etc.)

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****Important information**: Most vaccinations require 2-4 weeks to reach full effectiveness. **Submit your request form no later than 4 weeks before departure. Requests submitted less than 2 weeks before departure date may not be able to be accommodated** and you may not be able to receive the desired immunization.

During peak times, consultations may need to be scheduled 4-6 weeks out. If you submitted your request at least 6 weeks prior to departure, your in clinic appointment will be scheduled no later than 4 weeks before your departure.

No immunizations or travel medications (“malaria pills”) will be given without a UNI- SHC travel consultation. If an outside clinic completes your consultation you should receive any recommended immunizations/medications from them.