

Yale HEALTH

Travel Clinic
 Phone: 203-432-6472 Fax: 203-432-0095
 Email: yuhstravelprogram@yale.edu

Travel Form
 Affix label here

Name:	Date:	Phone:
Yale School/department/group sponsoring trip:		Date of birth:
Last day on campus:	Arrival at trip destination:	

Please complete form and return via email or fax one week before your appointment.

Important note: Please contact us as soon as possible if you have a serious chronic illness such as cancer, HIV, diabetes or if you are or may become pregnant.

1. Allergies (including eggs, neomycin, and reactions to penicillin, sulfa drugs, or other medications).
 Yes No **If yes, please list:** _____
2. Have you had any serious reaction to vaccinations in the past? Yes No
3. Do you have a specific question about your trip?

Please list **IN ORDER** the places you will visit, dates of itinerary and what you will be doing (i.e. sight-seeing, business, research, exposure to animals, health care work).

Location (country)	Specific city or region	Date of travel	to	Purpose
1.				
2.				
3.				
4.				
5.				

Please complete the following:

	Immunization name	Dates of administration		
	CHILDHOOD	Hepatitis A	#1	#2
Hepatitis B		#1	#2	#3
Twinrix (Hep A & Hep B)		#1	#2	#3
Polio (last dose)		Oral		Injected
Meningococcal				
DTP/Tetanus				
TRAVEL	Influenza			
	Japanese Encephalitis			
	Rabies			
	Typhoid	Oral		Injected
	Yellow Fever			

Nurse signature: _____

Date: _____