

Yale HEALTH

Travel Clinic
 Phone: 203-432-0093 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.

- Allergies (including eggs, neomycin, and reactions to penicillin, sulfa drugs, or other medications).
 Yes No **If yes, please list:** _____
- Have you had any serious reaction to vaccinations in the past? Yes No
- 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			Purpose
1.			to		
2.			to		
3.			to		
4.			to		
5.			to		

Please complete the following:

CHILDHOOD	Immunization name	Dates of administration		
	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: _____