TRAVEL SERVICE – PLANNED ITINERARY FORM

(Must be completed prior to appointment at the Student Health Center-
Please complete and print out)

Departure Date:___________________    Return Date:_____________________

Tourist Group:____________________    Travel on Own:___________________

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>CITIES</th>
<th>RURAL EXCURSIONS</th>
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</thead>
<tbody>
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<td>1.___________</td>
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<td>2.___________</td>
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Please describe all “UNIQUE” outdoor activities planned (i.e., caving, camping, kayaking, close exposure to rural agriculture, contact with domestic or wild animals).

________________________________________________________________________
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________________________________________________________________________

Prior Vaccinations You Have Received

_____ Hepatitis A  _____ Hepatitis B  _____ Japanese  _____ Menumune

_____ Polio (as an adult)  _____ Rabies  _____ Typhoid  _____ Yellow Fever

Prior exposure to Malaria Medica__________________________________________

The following medical conditions have significant implications to travel recommendations.
If you have any of the following, please openly discuss with the physician – Pregnancy, HIV, any chronic intestinal disease, any immune deficiency, any chronic medical problems.