CMU | Health
CENTRAL MICHIGAN UNIVERSITY

Travel Health Clinic
200 Foust Hall/600 E Preston St
Mt Pleasant, MI 48859
989-774-6599, Option 2 Fax: 989-774-1509
E-mail: healthservices@cmich.edu

Travel Health Clinic Forms

1. **Complete and sign all forms**
   - Patient Registration
   - Health History
   - Immunization History

2. **Submit completed forms**
   - Drop off or mail completed and signed forms: 200 Foust Hall, 600 E Preston Street, Mt Pleasant, MI 48859
   - OR Fax forms to 989-774-4335
   - OR Email to healthservices@cmich.edu

3. **Consultation Appointment**
   - Once your forms have been submitted to the Clinic, a Travel Health Clinic nurse will contact you to schedule your consultation appointment. This may take 1-2 weeks.
   - The Travel Health Consultation includes a review of your itinerary, personal health history, immunization status and a brief visit with one of our physicians. Clinic staff will counsel patients on travel safety and make recommendations related to your specific health needs and travel destination.

4. **Billing of Services**
   - The Travel Health Consultation can be billed to your Insurance. CMU Health will also bill immunizations (if any) to your Insurance. Patients may also choose the Self-Pay option and receive a 30% discount on the Consultation fee.
   - Billing of these services is explained in detail on the *Study Abroad Program Clearance Instructions* page.

Important: Some health insurance plans do not cover preventive services, including immunizations, for any reason. It is the patient's responsibility to contact their insurance company with questions about benefits for any and all services received at CMU Health clinics. See the *Study Abroad Program Clearance Instructions* page for more information.

Travel Health Consultation appointment availability is limited. With that in mind, please notify the Clinic at least 24 hours in advance if you cannot keep your scheduled appointment so that other patients can be cared for. To cancel or reschedule a Travel Health Consultation, call 989-774-6599, Option 1.

If you have questions or need additional information about the international travel clearance process, please do not hesitate to contact us at 989-774-6599, Option 2. We look forward to seeing you at the CMU Travel Health Clinic.

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Please PRINT Clearly

Health History

Name: _____ Date of Birth: _____
Last, First, Middle (please print)

Circle Answer

1. Do you have any medication/food/exposure allergies? If yes, please list below: No Yes

Allergic to:	Type of Reaction:

2. Have you ever had an adverse reaction to an immunization? No Yes
   If yes, which immunization and what type of reaction?
   _____
3. Are you now or have you ever been treated for leukemia, lymphoma, cancer, other malignant disease or immune deficiency? If yes, please specify: No Yes
   _____
4. Do you currently live with anyone who has an immune deficiency? No Yes
5. Do you have a history of anemia or any other blood disorder? No Yes
   If yes, please specify: _____
6. Do you have any existing medication condition, e.g., diabetes, heart disease, asthma, neurological or psychological history? No Yes
   If yes, please specify: _____
7. Have you had any surgeries? No Yes
   If yes, please specify: _____
8. Are you pregnant or do you plan to become pregnant in the next 3 months? No Yes
9. Are there any other health concerns you have related to your travel plans? No Yes
   If yes, please specify: _____
10. Please list all medications (prescription and over the counter). Include any vitamins, minerals, herbs, or other supplements that you take regularly.

Medication	Dosage	Frequency

Add additional sheets if necessary

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Immunization History

Name:_____ Date of Birth:_____
Last, First, Middle (Please print.)

Include your childhood immunizations on this form. If you had the disease rather than the vaccine (e.g., a case of the chickenpox rather than receiving varicella vaccine), please include the actual or approximate dates.

Immunization/Disease	Disease Date	Immunization Dates			
1. Tetanus/diphtheria (Td) _____					
Tetanus/diphtheria/pertussis (Tdap) _____ *(one time booster)*					
2. Measles/mumps/rubella (MMR)*		#1	#2		
3. Polio: Oral (OPV) ___ Injectable (IPV) ___					
4. Varicella (chickenpox)		#1	#2		
5. Hepatitis B		#1	#2	#3	
6. Meningococcal Meningitis: Menomune™ ___ Menactra ™ ___					
7. Influenza (flu)					
8. Hepatitis A		#1	#2		
9. Immune Globulin					
10. Japanese Encephalitis					
11. Plague					
12. Pneumonia (Pneumovax™)					
13. Rabies					
14. Typhoid: Oral Injectable ___					
15. Yellow Fever					
16. BCG					
17. TB (Mantoux PPD skin test)					
18. Other (specify)					
***If MMR not received, specify individual vaccines/diseases.**					
Measles (rubeola)					
Mumps					

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lla (German measles)					

Patient Signature:_____ **Date:** _____ Revised 5/18/2018

Patient Registration

Please complete this form and return it to the CMU Travel Health Clinic, 200 Foust Hall, Mt. Pleasant, MI 48859. The travel health nurse will contact you in approximately 1-2 weeks to schedule your travel health visit. This information is confidential and will be used only to prepare recommendations specific to your personal travel health needs.

Patient's Name (Last, First, Middle) Campus ID #

Local Address (Street) Apt/Rm # City State Zip

Age Date of Birth Sex Local Phone #

Email: _____ Leave Date:_____ Return Date:_____

Travel Information

Please indicate all the countries to which you will be traveling in the order in which you will visit them and indicate the length of time you will stay in each country. Add additional pages if necessary.

	Destination	Where will you stay?	Length of stay	Rural/Urban
1				
2				
3				
4				
5				

Please check all that apply to your travel plans.

Major resort hotels		Cruise Ship		Camping		Outdoor activities	
Staying with a family		Small Hotels		Safari		Animal Exposure	
Rented foreign home		Youth hostels		Rural travel at any time		Other	

What is the purpose of your travel? Check all that apply.

Business		Study		Vacation		Missionary	
Teaching		Volunteer Agency		Field Work		Climbing	
Diving		Other					