

**Vanderbilt University Medical Center
Student Health Center Pre-Travel Questionnaire
Patient Completed Information**

Please complete and submit by email to (studenthealth@vanderbilt.edu),
fax 615-343-0047, or in person at Student Health Center/Zerfoss Building-
1210 Stevenson Center Drive.

For Office Use Only: MRN _____ DOB _____
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You will be contacted by phone within 2 business days to schedule your travel consultation.

Name		Date of Departure from Nashville	
Date of Birth		Date of Departure From U.S.	
Phone Number		Group Name (If Applicable)	
Date form submitted		Group Leader (If Applicable)	

Itinerary Information – All columns must be completed					
Destination City	Province	Country	Altitude (in meters)- for destinations outside of Europe	Arrival Date	Departure Date

Please attach separate page for additional travel destinations

Travel Detail- Check all that apply to your trip <input checked="" type="checkbox"/>			
Reason for Travel	Activities – Recreational and Work		Accommodations
<input type="checkbox"/> Pleasure/Vacation	<input type="checkbox"/> Camping	<input type="checkbox"/> Construction	<input type="checkbox"/> Air Conditioned/Enclosed
<input type="checkbox"/> Study Abroad	<input type="checkbox"/> Caving	<input type="checkbox"/> Medical Work	<input type="checkbox"/> Non-Air conditioned/Bed nets
<input type="checkbox"/> Service Work	<input type="checkbox"/> Cruise	<input type="checkbox"/> Visiting Friends/Family	<input type="checkbox"/> Outdoor/Open Air/Camping
<input type="checkbox"/> Medical Work	<input type="checkbox"/> Rafting	<input type="checkbox"/> Work with Animals	<input type="checkbox"/> Staying at High Altitude- >2000 m , 6500 ft.
<input type="checkbox"/> Other:	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Work with Children	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Preferred Pharmacy Information- Must be completed			
Pharmacy Name	Address	Fax Number	Phone Number

Appointment Availability- Note that travel consult appointments are M-F from 8:00 a.m. – 3:30 p.m.					
Week One	AM Times	PM Times	Week Two	AM Times	PM Times
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

Patient Print Name: _____ Patient Signature: _____
 Relation: _____ Date: _____ Time: _____

For Office Use Only: Appt. Date: _____ Time: _____ Provider: _____
