

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

Please complete and submit by email to ([studenthealth@vumc.org](mailto:studenthealth@vumc.org)),  
 fax 615-343-0047, or in person at Student Health Center/1210 Stevenson Center Lane.

For Office Use Only:  
 MRN \_\_\_\_\_  
 DOB \_\_\_\_\_

***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		Program/Study Abroad Name (If Applicable)	
Date form submitted to SHC		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**

Reason for Travel	Activities – Recreational and Work		Accommodations
<input type="checkbox"/> Pleasure/Vacation	<input type="checkbox"/> Camping	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Air Conditioned/Enclosed
<input type="checkbox"/> Medical Work	<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"/> Construction	<input type="checkbox"/> Visiting Friends/Family	<input type="checkbox"/> Outdoor/Open Air/Camping
<input type="checkbox"/> Study Abroad	<input type="checkbox"/> Cruise	<input type="checkbox"/> Work with Animals	<input type="checkbox"/> Staying at High Altitude- >2000 m , 6500 ft.
<b>Attach any applicable forms for Study Abroad</b>	<input type="checkbox"/> Rafting	<input type="checkbox"/> Work with Children	
	<input type="checkbox"/> Other:		

**Preferred Pharmacy Information- Must be completed**

Pharmacy Name	Address	Fax Number	Phone Number

**Appointment Availability-** Complete to help us schedule 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		

For Office Use Only:  
 Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_