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

Please complete and submit by email to (studenthealth@vumc.org), or in person at Student Health Center/1210 Stevenson Center Lane.

Attach any program-based forms at the time of submission. This helps us to determine the length needed for scheduling your appointment.

For Office Use Only:
MRN _____

DOB _____

You will be contacted by phone or MHAV 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 if beyond 5 cities.

Travel Detail- Check all that apply to your trip

Reason for Travel	Activities – Recreational and Work		Accommodations
☐ Pleasure/Vacation	☐ Camping	☐ Scuba Diving	☐ Air Conditioned/Enclosed
☐ Medical Work	☐ Caving	☐ Medical Work	☐ Non-Air conditioned/Bed nets
☐ Service Work	☐ Construction	☐ Visiting Friends/Family	☐ Outdoor/Open Air/Camping
☐ Study Abroad	☐ Cruise	☐ Work with Animals	☐ Staying at High Altitude- >2000 m , 6500 ft.
Attach any applicable program forms	☐ Rafting	☐ Work with Children	
	☐ 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: