TRAVEL VISIT HISTORY

1. Destinations: (be specific i.e., all countries, states or provinces)

2. Travel Plans:
   - Departure from C-U (specify date)
   - Departure from USA (specify date)
   - Return to USA (specify date)
   - Total length of stay outside of USA

3. Travel Itinerary Plans: (Check appropriate boxes)
   - Hiking in rural or wooded areas
   - Swimming in local streams/lakes
   - Working with animals
   - Working in health related field
   - U of I Business (hotels)
   - Group travel
   - Resort

4. Have you traveled internationally before?  □ Yes □ No
   - If traveled before internationally, did you get ill?  □ Yes □ No
   - If yes, what

5. Have you been seen by McKinley for previous travel?  □ Yes □ No
   - Is your itinerary similar to previous travel?  □ Yes □ No
   - If not, how is it different?

6. List medications you anticipate needing before or during the trip and reasons for taking:

7. Will you be traveling in an area where medical treatment within 24 hours would be difficult?  □ Yes □ No

8. List any special concerns about travel.

NOTE: Please bring any immunization records you have to your Consultation appointment.

Student Signature ____________________________ Date ____________________________

OFFICE USE ONLY

IMMUNIZATION HISTORY WORKSHEET

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Check(✓)</th>
<th>Disease</th>
<th>Date</th>
<th>Check(✓)</th>
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<tbody>
<tr>
<td>Hepatitis A</td>
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<td>PPD / RESULT</td>
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<tr>
<td>Hepatitis B</td>
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<td>Rabies</td>
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<td>Influenza</td>
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<td>Japanese Encephalitis</td>
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<td>Typhim Vi</td>
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<td>Menomune</td>
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<td>Typhoid Oral</td>
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<td>MMR</td>
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<td>Varicella</td>
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<td>Polio</td>
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<td>Yellow Fever</td>
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Comments: ____________________________

Reviewed by: ____________________________  3/7/08:bah