



Name: _____

UGA ID#: _____

Date of Birth: _____

UNIVERSITY HEALTH CENTER – TRAVEL CLINIC

Please fill out this form and email allergytravel@uhs.uga.edu or fax (706) 583-8255. Once we receive your completed paperwork we will contact you to schedule an appointment

**Before sending any forms via email, please be aware of the possible risks of using unencrypted email. These forms contain protected health information and are confidential. The use of unencrypted email and any attachment could result in an unintentional disclosure of your protected health information. If you use email, you have decided that the risks with email communications are acceptable to you and you hereby release the University of Georgia for any such disclosure unless caused by the negligence of UGA. If not, you may fax the forms to us.*

Have you been seen as a patient at the University Health Center (UHC)? YES NO

*Initial virtual visits are approximately 30 minutes and are done over HIPAA compliant zoom

*\$30 no show fee for all patients that do not provide 24-hour notice to cancel appointment

Charges: office/virtual visit fee \$80 (complex, eg. 3 or more countries \$110) + vaccine, prescription, and/or lab charges

Insurance: we file with insurance - please visit our web page for more details and contact your insurance company to find out your coverage benefits at UHC

I. COMPLETE ITINERARY: List in chronological order **ALL STOPS** your mode of transportation will make, whether you disembark or not. This does affect vaccine requirements. This list includes layovers and destinations by country, as well as return itinerary. **(attach extra sheet if necessary)**

TRAVEL DESTINATION #1		Departure Date/Time:	Arrival Date/Time:	Duration:
TRAVEL DESTINATION #2		Departure Date/Time:	Arrival Date/Time:	Duration:
TRAVEL DESTINATION #3		Departure Date/Time:	Arrival Date/Time:	Duration:
TRAVEL DESTINATION #4		Departure Date/Time:	Arrival Date/Time:	Duration:

Total Trip Duration:

Do you have a “yellow card”? Yes No Personal Trip? Yes No

UGA Sponsored? Yes No (if yes, name of the program)

Do you need a letter for Office of Global Engagement? Yes No

What type of living arrangements? (camping, hotel, hostel, etc.)

What activities are you doing? Caving Hiking Water Sports Research Attending a conference



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II. IMMUNIZATION RECORDS:

Students: Did you submit all required immunization forms upon admission to UGA? Y N

Please fax or email documentation of any additional immunizations you have with this form

Faculty/Staff: In order for the provider to recommend the most accurate preventative care, *please fax or email documentation of any immunizations you have.* If no immunization records are available, the provider will recommend all vaccines needed—including routine adult vaccines.

III. MEDICAL HISTORY:

a. ALLERGIES (check "None" or complete the table below) None

Neomycin	Y N	Penicillin	Y N	Streptomycin	Y N
Eggs	Y N	Sulfa	Y N	Insect Bites/Stings	Y N

Other Drug Allergies:

b. MEDICATIONS (Includes over-the-counter medications, vitamins, birth control)

Please list all medications that you take daily or as needed

c. MEDICAL HISTORY (Check all that apply)

Asthma Autoimmune Disorder Depression Diabetes Generalized Anxiety Heart Problem

Kidney Problem Liver Problem Psychosis Schizophrenia Seizures Thymus Dysfunction

Other: _____ None

Past Surgeries: _____

Do you smoke? Y N

Are you currently pregnant or attempting to become pregnant? Y N

Are you currently breastfeeding? Y N

For UGA students only:

Are you requesting a Statement of Wellness or a physical exam in addition to your travel consultation? Y N

If yes, we can help you schedule this with your medical provider.

***By signing below, I acknowledge that I am responsible for all fees incurred by scheduling a Travel Appointment**

Signature:

Date: