University Health Center
Student Affairs
UNIVERSITY OF GEORGIA

Name:_____
UGA ID:_____
Date of Birth:_____/_____/_____
Phone:_(____) -_____-_____

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 visits are approximately 30-40 minutes

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

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

Insurance: Please see "Good Faith Estimate" online where you found this document

I. COMPLETE ITINERARY: List in chronological order your flight summary including return.

Departure City/Country Atlanta	Departure Date:	Arrival City/Country:	Arrival Date:
Departure City/Country	Departure Date:	Arrival City/Country:	Arrival Date:
Departure City/Country	Departure Date:	Arrival City/Country:	Arrival Date:
Departure City/Country	Departure Date:	Arrival City/Country:	Arrival Date:

Total Trip Duration:_____days

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 proof of Travel Health Consult 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/Community: 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

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

Signature: Date:

Effective Date: 7/2021
Reviewed:
Revised: 7/2022