



Name: _____

UGA ID: #81 _____

Date of Birth: _____

Phone: _____

TRAVEL CLINIC APPOINTMENT REQUEST

Please email completed form to: 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 University Health Center? Y N **

**If No, then call (706) 542-1767 for UHC patient registration. After you've been registered in the UHC system, then submit completed form by email or fax.

I. COMPLETE ITINERARY: (List all planned countries/cities in chronological order)

Country	All cities/towns/area	Dates of Travel (arrival – departure)

Are you traveling with a US passport? Y N If no, what country? _____

Is this a UGA program? Y N Name of UGA program/department _____

II. ACCOMMODATIONS (select all that apply):

Hotel Dorm Hostel Tent/Cabin Home Resort Cruise ship

III. ACTIVITIES (select all that apply):

Study Abroad/Teaching Research Long-term travel (> 6 months) Peace Corps
 Mission Trip Vacation Direct contact with animals Conference
 Healthcare worker Hiking Returning home to visit family/friends
 Cruise Ship passenger Other(eg.) _____

IV. MEDICAL HISTORY (select all that apply):

No medical problems No medication, vaccine, or food allergies

A. Allergies List each allergy and reaction (hives, rash, swelling, nausea/vomiting, anaphylaxis, etc.)

Allergy	Reaction	Allergy	Reaction

