University Health Center
Student Affairs
UNIVERSITY OF GEORGIA

Name:_____
UGA ID:_____
Date of Birth: _____
Phone: _____

TRAVEL CLINIC APPOINTMENT REQUEST

Send completed form to: UHCAllergyTravel@uga.edu. Once we receive the completed form, then you will be contacted 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, call UHC patient registration at (706) 542-1767.

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☐ UGA program/dept _____

ACCOMMODATIONS (select all that apply):

Hotel ☐ Dorm☐ Hostel ☐ Tent/Cabin ☐ Home ☐ Resort ☐ Cruise ship ☐

ACTIVITIES (select all that apply):

Study Abroad/Teaching ☐ Research ☐ Peace Corps ☐ Conference ☐
Mission Trip ☐ Vacation ☐ Direct contact with animals ☐ Cruise ☐
Healthcare worker ☐ Hiking ☐ Returning home to visit family/friends ☐

MEDICAL HISTORY (select all that apply):

No medical problems ☐ No medication, vaccine, or food allergies ☐
Allergies List each allergy and reaction (hives, rash, swelling, nausea/vomiting, anaphylaxis, etc.)

Allergy	Reaction	Allergy	Reaction

MEDICATIONS: List all prescription and over the counter medication that you take (including birth control)

Medication	Dose	Frequency	Medication	Dose	Frequency

MEDICAL CONDITIONS (select all that apply):

Thymus disease/thymectomy ☐ Immune compromised ☐ Liver disease ☐ Asthma ☐

Depression/Anxiety ☐ Heart problems ☐ Kidney disease ☐ Smoker ☐

Diabetes ☐ Seizures☐ Pregnant/breastfeeding☐

Psychiatric condition ☐ Neurological condition☐

Other/comments _____

PREPARING FOR YOUR APPOINTMENT:

A. **Bring any immunization records to your appointment, including yellow card and any out of state records.** If vaccines were given in Georgia, then we have access to the state registry.
B. Arrive 15 minutes prior to your appointment to check in with patient registration (bring picture ID and insurance information)
C. *If you arrive more than 10 minutes late for your appointment, then you may be asked to reschedule*.
   If rescheduled, then you will incur a $30 charge for the missed appointment.
D. Charges: Travel consultation $90 Complex travel consultation $125 (travel to 3+ countries)
   a. Additional charges you may incur: vaccines, prescriptions, labs
   b. Verify your insurance coverage for travel services at UHC prior to your appointment.
   c. Good Faith Estimate and Fees are found online where you found this document.
E. Travel consultation appointments are 45 minutes to 1 hour.
F. $30 charge for those that do not provide 24-hour notice to cancel appointment. If the clinic is closed, then leave a voicemail or send email.

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

Signature: X _____

If unable to use the signature function: My typed name below is my confirmed signature.

/s/:_ _____Date: _____

Policy: 14.4.3.A1
Effective Date 7/21
Review:
Revised: 7/22, 4/23, 7/23, 7/25