



NMU Health Center Travel Information Form

Name: _____ Date of Birth: _____

NMU Email: _____ Cell Phone# _____

NMU IN: _____ Country of Birth: _____

TRAVEL PLANS

Where are you going? _____

Faculty Advisor coordinating your study abroad experience: _____

Any planned side destinations? _____

How long is your trip? _____ Date Leaving: _____ Return Date _____

Are you traveling with a group or class? _____

What is the purpose of your travel? _____

ACCOMODATIONS and EXPOSURES

Staying in modern facilities (hotel or dorm)? _____

Staying with a host family? _____

Plans for camping/tenting/hiking? _____

High altitudes (>12,000ft)? _____

Significant insect or parasite exposure? _____

Working in medical or dental field? _____

Exposure to poor sanitation (relief efforts, etc.)? _____

Contact with wild animals (jungle hiking, etc.)? _____

HEALTH HISTORY

Do you see a medical specialist? (Yes / No) Reason: _____

Medical Diagnosis (if any)

Medication and Dose

Over the counter medications (if any)

Reason for taking

Medication / Vaccine Allergies (if any)

Specific reaction

Food Allergies / Intolerances (if any)

Specific Reaction

DIET: Regular Vegetarian Vegan Other (describe) _____

Allergic to eggs? _____ Bee stings? _____ Do you carry an Epi-Pen? _____

Please indicate if any of the following affect you:

Problem	Yes	No	Medications or Remedy
Motion Sickness			
Fear of flying			
Urinary Tract Infections			
Severe headaches			
Asthma			
Seizures			
Blood clots			
Other:			

MENTAL HEALTH

Ever hospitalized for a mood or psychiatric reason? (Y / N) if so, when? _____

Ever treated for a psychiatric problem or eating disorder? (Y / N) What diagnosis? _____

Have you ever been counseled or medically treated for depression or anxiety? (Y / N) Explain: _____

Do you currently take medications for depression or anxiety? (Y / N) Please list: _____

Are you currently undergoing counseling for any reason? (Y / N) Explain: _____

Ever have significant difficulty with the stress of traveling? (Y / N) Explain: _____

Do you have any additional health conditions other than those previously listed that may need special consideration before or during your study abroad experience or may affect your ability to participate in this program? (Y / N) Explain: _____

VACCINATION INFORMATION

The following vaccination information can be obtained from your immunization record, your school records, your local health dept., or from the physician's office where you received your immunizations.

I am up to date on all childhood vaccinations Y / N

Date of last tetanus booster: _____

Did you receive the Hepatitis B Series? (Y / N) If yes, give dates on next line

Dates of Hepatitis B Series: #1 _____ #2 _____ #3 _____

Have you received a flu shot this year? (Y / N)

Have you received the following special or travel related vaccines?

Vaccine	NO	YES	If yes, give date (s)
Hepatitis A			
Yellow Fever			
Injected Typhoid			
Oral Typhoid			
Adult Polio Booster			
Meningitis			
Rabies			
Encephalitis (Japanese)			

Have you had a tuberculin skin test (PPD) in the past? (Y / N) Was there a reaction? _____

Do you know of any specific vaccinations or medicines required for your trip? (Y / N) Please list: _____

Ever taken medicine to prevent malaria? (Y / N) Any side effects? _____

If known, which medicine did you take? _____

WOMEN ONLY

Are you currently pregnant or breast feeding? (Y / N)

MEDICAL RECORDS AUTHORIZATION

The medical review of this form and admission into a program are independent of each other. The purpose of this form is to help Northern Michigan University provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional issues, past or current, which might affect your success in a NMU Study abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

I authorize the release of information contained in this confidential Student/Health/Emergency Treatment Authorization form for access and review by the International Education Services staff and the appropriate health professionals at the NMU Health Center. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the NMU International Education Services advisors, the NMU program leader, host family and the host institution's resident director.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Confidential Travel Information Form. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this program is contingent on receipt of this completed and signed form.

SIGNATURE: _____ **Date:** _____

Parent/Guardian Signature if under age 18: _____ Date: _____