



TRAVEL IMMUNIZATION PACKET

Immunization records must be attached prior to scheduling an appointment. Please call (662) 325-2431, option 1 if you have any questions.

This form must be filled out completely and submitted six to eight weeks prior to departure. Any child under 18 years of age must be accompanied by a parent/guardian.

NAME: _____

DATE OF BIRTH: ____/____/____ **PHONE NUMBER:** (____)____-____

DEPARTURE/RETURN DATES: ____/____/____ to ____/____/____

COUNTRY	DURATION (WEEKS)	URBAN / RURAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HIGH ALTITUDES: YES NO

PREGNANT: YES NO

MEDICAL PROBLEMS:

CURRENT MEDICATIONS: _____

ALLERGIES: _____

REASON FOR TRAVEL: _____

IMMUNIZATION HISTORY:

*****Please provide a copy of your immunization record(s).*****

We need your immunization history in order to prescribe the recommended/required vaccinations.

IMMUNIZATION RECORD MUST BE ATTACHED PRIOR TO SCHEDULING AN APPOINTMENT.

Financial Arrangements

Travel Clinic is a Self-Pay service and Patients are expected to pay for all charges on the date of service. This includes provider visits (\$25/student and \$40/nonstudent), immunizations, medications, vaccine administration, lab tests, and/or x-rays. All Students and Employees who are eligible to transfer to Banner may transfer their Travel Clinic charges to their MSU Banner account instead of paying on the date of service. Please confirm with the front desk that you are able to transfer to Banner.

****Please see immunization/vaccination pricing on the back sheet of this travel packet****

I have read and acknowledge the financial terms above and agree to pay SHC for the charges related to this travel clinic.

Name (print) _____ **Signature** _____

Date: _____ / _____ / _____ **Phone (_____)** _____

Responsibilities of the Traveler

Seeking and Following Pre-Travel Health Advice

Obtaining pre-travel health care and advice from a clinician familiar with travel is an important step in preparing to travel internationally. Ideally, this visit should take place 4-6 weeks before travel, but even getting a consultation in the week before travel can be of value. The pre-travel visit includes a discussion of immunizations, prophylactic medications (such as anti-malaria drugs), and specific health advice for preventing and treating traveler’s diarrhea and other illnesses the traveler may encounter.

Please have only one clinician perform your entire travel clinic visit as there are certain immunizations that require a waiting period before you can receive other injections.

Submit a list of current immunizations when requesting an appointment.

Health History

Last Name

First

Middle

Date of Birth

(CIRCLE AND/OR FILL IN THE APPROPRIATE BLANK)

FAMILY HISTORY

Relationship	Age	Health (Good, Fair, Poor)	Occupation	Age at Death	Cause of Death
Father		G F P			
Mother		G F P			
Brother		G F P			
Sister		G F P			
Brother		G F P			
Sister		G F P			

FAMILY ILLNESS

Disease	Grandparent	Parent	Brother	Sister	Other
Diabetes Mellitus					
Kidney Disorders					
Heart Disease (Before age 65)					
Asthma					
Cancer					
High Blood Pressure					
Other Heritable Disorders					

SOCIAL HISTORY

Alcohol Usage (circle one)

Never 1/year 1/month 1/week 1/day

Drug Use: (circle one)

Yes No

Seatbelts: I use seatbelts _____% of the time while riding or driving.

Helmets: I use helmets _____% of the time while skating, cycles, or ATVs.

Exercise: I exercise enough to sweat and breathe hard _____times/week

Tobacco Usage

_____ I don't smoke, dip or chew.

I smoke _____cigarettes/day for _____years.

_____pipes/day for _____years.

_____cigars/day for _____years

I dip _____cans/week for _____years.

I chew _____pouches/week for _____years.

I quit _____years ago.

REVIEW OF SYSTEMS (check those which apply to you)

Nervous System

_____ Bulimia or Anorexia

_____ Head Trauma (concussion)

_____ Headaches

_____ Depression

_____ Other

Infectious Diseases

_____ Chicken Pox

_____ Mononucleosis

Cardiovascular System

_____ High Blood Pressure

Reproductive System

Last Pap Smear:

Operative Procedures

_____ Tonsillectomy

_____ Adenoidectomy

_____ Appendectomy

_____ Wisdom Teeth Extractions

_____ Hernia Repair

_____ Knee Surgery, Left or Right

_____ Other

Patient Demographic Information

Name: _____ Date of Birth _____

MSU ID: _____ Net ID: _____

Address: _____
Street/P.O. Box City State Zip

Cell Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Birth Sex: _____ Current Gender: _____ Race: _____

Marital Status: Single Married Divorced

Place of Employment: _____

Emergency Contact

Last Name: _____ First Name: _____

Relationship: _____

Estimated Vaccination and Medication Charges

Administration fee - first injection \$30 first, each additional injection \$12

- Provider visit \$25 Student / \$40 NonStudent
- Hepatitis A \$64 each - SERIES OF 2
- Hepatitis B \$90 each – SERIES OF 3
- HPV \$238 each – SERIES OF 3
- Japanese Encephalitis \$300 each
- TwinRix A/B \$102 each – SERIES OF 3
- Influenza \$42 each
- Malaria Up to \$200 depending on quantity and med needed
- Menactra \$135 each
- MMR \$105 each – SERIES OF 2
- Prevnar 13 \$202 each
- Pneumovax 23 \$110 each
- Polio \$31 each
- Rabies \$400 each - SERIES OF 3
- Shingles \$151 each – SERIES OF 2
- Tdap \$54 each
- Typhoid \$111 each
- Typhoid \$71
- Varicella \$180 each – SERIES OF 2
- Yellow Fever \$210 each