

South Dakota State University
Student Health Clinic & Counseling Services
Travel Health Form

Travel Planning - Getting Started:

- 3-6 months before your trip is a great time to start. You can get the full benefits of your vaccines and often save money with your insurance and even avoid shortages of vaccines and medications. For certain vaccines this may allow you to finish the series before your departure date.
- Check to see if your insurance provider covers immunizations, routine or travel, and travel medications provided at Student Health & Counseling Services (SHCCS). Check with your insurance carrier to ask if more than one month supply of a prescription at a time is allowed. This is especially important for a malaria prescription.
- **Obtain a copy of all your immunizations and bring in with your completed “Travel Health Form”.**
- Get started on your Hepatitis A and Hepatitis B vaccine series. This is helpful for ANY developing country. Tetanus or T-dap, Hepatitis A and B vaccines can be scheduled without a provider visit at Student Health & Counseling. Your most recent Tetanus or Tdap needs to be within the last 10 years. Five years is recommended if you are going to remote areas where Tetanus boosters may not be available.
- Budget for vaccines (costs vary). The most expensive are yellow fever, meningococcal meningitis, Japanese encephalitis and rabies vaccines.

Travel Health Form Instructions:

- List ALL the countries you will visit in order by the date you will enter each country.
- List the cities or regions you will visit and length of stay. This is very important for areas with malaria. List the date you will return to the USA.
- List types of activities you will have such as rural travel, contact with animals or going to high altitudes.
- List allergies to medication, vaccine or food. Include severe insect allergies.
- List all the medications you take.
- Check medical problems you have had. You may be referred to your personal health provider if you have any chronic medical conditions .
- Review <http://www.cdc.gov> Traveler’s Health, Destinations. Read the CDC web site and learn about medications, topics and immunizations that apply to your trip. Read the recommendations for each region you will visit and highlighted topics. Pay particular attention to the risk areas for malaria, typhoid, Japanese encephalitis, and rabies and whether your activities will expose you to other risks.
- For more details, read the Yellow Book (part of the CDC website) for malaria information on the countries you will visit.
- Read about the vaccines, medications and travel health topics listed, then sign your form.

Scheduling an appointment:

- Bring the completed **“Travel Health Form” along with any immunization records** to Student Health Clinic and Counseling Services (Wellness Center) or fax to 688-4032. Incomplete forms will delay your appointment. We need your completed forms as soon as possible.
- Call 688-4157 to schedule your travel screening appointment. **Please allow at least 40 minutes.**

Prescriptions:

Are taken to the Student Health Clinic& Counseling Services Jackrabbit Pharmacy; be sure you bring your health insurance prescription card for processing when you pick up your meds.

After Travel:

Schedule an appointment with a health provider **three months after your travel** to discuss possible TB skin test, stool for parasites, HIV and Hepatitis tests and review of malaria risks based on your risk exposures.

Name: _____ ID# _____ Date of Birth: _____

Phone: _____ Email: _____

Itinerary

Date of Departure: _____ Date of Return: _____

Reason for Travel: Vacation Mission Trip University Trip Study Abroad

Destinations:
(in order of arrival) _____

Rural areas including farms High altitude Work with animals Providing healthcare in hospital or clinic

Which of the following living accommodations with you be utilizing? (check all that apply)

Hotel Hostels Tents Dormitory Host family/local home Cruise ship Camping

Previous trip outside of US: Date: _____ Destination: _____

List allergies to medications, foods, insects, or vaccines: _____

Medications: please list all the medications you are currently taking, including over the counter medications, birth control pills, inhalers, and herbal/vitamin supplements

Have you had or do you currently have any of the following? (check all that apply)

Cancer HIV/AIDS Cardiac disorder/Arrhythmia Asthma/other respiratory problems Liver disease
 Kidney disease Gastrointestinal disorders Diabetes Seizure disorder/Epilepsy Blood clotting disorder
 Anxiety/Depression/Bipolar disorder/Eating Disorder Splenectomy Other: _____

For women only:

Are you pregnant? Yes No

Are you planning to become pregnant within the next year? Yes No

Are you using birth control measures? Yes No

Are you breastfeeding? Yes No

Other: _____

Patient Signature: _____ Date: _____

Name: _____ ID# _____ Date of Birth _____

To be completed by SHCCS Health Providers:

√= Suggested D=declined

	Immunizations	
	Hepatitis B vaccine	3 doses at 0, 1, 6 mo.; 1 ml IM, deltoid.
	Hepatitis A vaccine	2 doses at 0, 6-12 mo.; 1 ml IM (<i>foreign birth check Hepatitis A Surface Antigen</i>)
	Hepatitis A and B vaccine combination	3 doses at 0, 1, 6 mo.; 1 ml IM . (Accel. sched.: day 0, 7, & 21; & 12 mo.)
	Flumist	Intranasal
	Influenza vaccine	0.5 ml IM annually
	Japanese Encephalitis vaccine	2 doses at day 0 and 28; .5 ml IM. Finish dosing at least 1 week prior to departure. Refer to outside travel clinic
	MenACWY (Meningitis vaccine-Menectra or Menveo)	0.5 ml IM (Persons age 2-55. Booster at 5 years if vaccinated at >7 years of age, at 3 years if vaccinated before 7 years of age)
	MPSV4 (Meningitis vaccine-Menomune)	0.5 ml SC ---Age >55.
	Measles, Mumps, Rubella* vaccine	0.5 ml SC (do not give if acute allergy to gelatin or neomycin)
	Pneumococcal vaccine	0.5 ml SC (One-time revaccination 5 years after original dose for persons with certain underlying medical conditions—e.g., asplenia).
	Polio inactivated vaccine - IPV	0.5 ml SC or IM (booster; one dose as an adult)
	Rabies vaccine (pre-exposure)	3 doses at day 0, 7, & 21 or 28, 1 ml IM, deltoid.
	Tdap vaccine	0.5 ml IM (single dose to replace one Td booster dose for persons 11-64 years of age).
	Tetanus/Diphtheria vaccine	0.5 ml IM (booster every 10 years)
	Tuberculosis screening test - PPD	0.1 ml ID, 3 mo. after return from travel. (Consider pre-travel baseline and one after return)
	Typhoid Vi polysaccharide vaccine	0.5 ml IM (repeat every 2 years. Give at least two weeks before travel)
	Typhoid vaccine – Oral**	1 capsule orally every other day x 4 doses. KEEP REFRIGERATED. Take on empty stomach with cool water. Repeat every 5 years. Do not take with sulfa meds or antibiotics within last week. *need to complete 1 week prior to travel
	Varicella* virus vaccine	2 doses at day 0, & 4-8 wk.; 0.5 ml SC.
	Yellow Fever vaccine*	0.5 ml SC (Repeat every 10 years. Do not give if acute allergy to gelatin, egg or chicken. Need to complete 2 weeks before travel.) Refer to outside travel clinic
	Traveler's Diarrhea	Ciprofloxin 500 mg twice a day X 3 days if needed for diarrhea illness # _____
	Altitude Sickness	Acetazolamide 125 mg every 12 hours, beginning the day before ascent and continuing the first 2 days at altitude, or longer if ascent continues; (125 mg tabs or 250mg ½ tab) as needed for prevention/ treatment of acute altitude sickness; avoid if SULFA allergy, use with caution if severe Penicillin allergy. # _____
	Anti-Malarials (check one)	
		*Malarone (Atovaquone 250 mg/ proguanil 100 mg) 1 daily 2 d before through 7 d after in malarious area. #
		Chloroquine 500mg weekly from 2 wks before through 4 wk after in malarious area. #
		Doxycycline 100 mg po daily 2 d. before through 4 wk. after in malarious area. #

*Live attenuated or live viral **Live bacteria

Education:

- Probiotics CDC Website Updates Zika Virus Education OTC Motion Sickness Medication
 Mosquito/Insect Precautions Sun/Heat Safety Water/Food Safety DVT Prevention Blood/Body fluid exposure
 High Altitude Travel insurance Other _____ See scanned immunizations

Provider Signature: _____ Date: _____