



International Travel—Health Form

This form, completed by your health care provider or RHIT Health Services, is to be **uploaded** to your application for international travel or study abroad. Please keep a copy for your personal records. All medical information is kept confidential and provided only to program facilitators and others on a need-to-know basis. If using RHIT Health Services, an appointment should be made as soon as you are accepted **and** this form must be uploaded prior to your departure date.

This portion to be filled out by you, the traveler:

Name: _____ Date of birth: _____ / _____ / _____

Departure date: _____ / _____ / _____ Return date: _____ / _____ / _____

Country traveling to: _____ University or Trip Name: _____

Your Health History

Medical history (i.e. asthma, diabetes, high blood pressure, etc.): _____

Surgical history (appendectomy, tonsillectomy, etc.): _____

Allergies (food, medication, and environmental): _____

Medications that you take on a regular basis: _____

Signature of traveler: _____ Date: _____ / _____ / _____

This portion to be filled out by healthcare provider:

Weight: _____ Pulse: _____ Respirations: _____ Blood Pressure: _____ Temp: _____

HEENT: _____

Heart/Lungs: _____

Abdomen: _____

Musculoskeletal: _____

Vaccinations reviewed: yes no

Recommended vaccines: _____

Other travel related recommendations (i.e. prophylactic medications, etc: _____

Provider signature: _____ Printed name: _____ Date: __/__/____

Address: _____ Phone: _____

Phone:

I have been provided with information on vaccines and/or medications that are recommended for my specific travel destination. I am aware that failure to comply with these recommendations could potentially lead to serious health complications.

Printed name of traveler: _____ Date: __/__/____

Signature of traveler: _____