

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 with a minimum of 45 days prior to your departure date AND this form must be uploaded 21 days prior to your departure date.

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

Name: _____ Date of birth: _____

Departure date: _____ Return date: _____ Travel destination: _____

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: _____