

ROSE-HULMAN INSTITUTE OF TECHNOLOGY

Travel Physical

This form is to be returned to Global Programs. 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. Appointment should be made with Health Services as soon as travel plans are known but at minimum 60 days prior to departure date.

This portion to be filled out by traveler:

Name: _____ Date of birth: __/__/____

Departure date: __/__/____ Return date: __/__/____ Travel destination: _____

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: _____

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: _____