



Name: _____
UO ID: _____

### Travel Immunization Worksheet

## There is a Charge for Your Travel Appointment

★ Travelers, please fill in everything above IMMUNIZATION section ★

Phone#: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Main Country of Stay: \_\_\_\_\_

List the countries in the order that you will be entering them, including your main country of stay:

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. _____ length of stay _____ | 4. _____ length of stay _____ |
| 2. _____ length of stay _____ | 5. _____ length of stay _____ |
| 3. _____ length of stay _____ | 6. _____ length of stay _____ |

Do you have any forms that require a physician's signature?  Yes  No  Don't know

Which program are you traveling with?  AHA  OUS  Other

### Immunizations

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Twinrix #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Influenza \_\_\_\_\_

Japanese Enc. #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

MMR \_\_\_\_\_

Meningococcal \_\_\_\_\_

Polio \_\_\_\_\_

PPD Placed \_\_\_\_\_ Read \_\_\_\_\_

Rabies #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Tetanus-diphtheria \_\_\_\_\_

Typhoid \_\_\_\_\_

Varicella \_\_\_\_\_

Yellow Fever \_\_\_\_\_

Other \_\_\_\_\_

### RX & Other

Malaria \_\_\_\_\_

Diarrhea \_\_\_\_\_

Plan B \_\_\_\_\_

Syringe Pack \_\_\_\_\_

HIV Scheduled \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_