

Travel Consultation

Name: _____ Age: _____ Phone: _____ Box# _____

Medical History (including splenectomy, Diabetes, Sickle Cell Disease, immune deficiency, immune modulating drugs): _____

Current medications: _____

Medication allergies (including vaccines, anti-malarials): _____

Will you use/require contraception while abroad? Yes ___ No ___

Do you wish to take emergency contraception (Plan B) with you? _____

If your health insurance includes prescription coverage, please check with your insurer before your Health Center appointment to see whether or not your prescription plan includes travel vaccines (e.g., Rabies pre-exposure, Yellow Fever) and malaria prophylaxis. Need for vaccines and malaria prophylaxis depends on your travel itinerary. Knowing in advance what kind of prescription coverage you have will expedite your travel consult. Note: Wesleyan University's insurance does not cover any vaccines or prescription medication.

Itinerary (list countries and dates in anticipated order of travel)

City, Country: _____ Dates: _____

Type of travel/study (Please circle any that apply to you):

Classroom-based study

Family/friend visit

Independent travel

Adventure travel (incl. NOLS,

Animal handling/study

Development work

Outward Bound, etc.)

Field Study

Details, including full name of program: _____

Type of accommodation (Please circle any that apply to you):

Apartment

Non-Urban Private Residence

Other

University Dorm

Primitive abode

Urban Private Residence

Camping

Details: _____

Previous travel to developing areas: _____

Do you need a pre-travel physical exam and/or forms completed? Yes ___ No ___
(You will need a separate appointment for this.)