UNC | FINANCE AND OPERATIONS
Environment, Health and Safety

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY EMPLOYEE OCCUPATIONAL HEALTH CLINIC
North Carolina Area Health Education Center | Suite 201 | Campus Box 1649 145
North Medical Drive | Chapel Hill, NC 27599-1649
Phone: 919-966-9119 |Fax: 919-966-6337

Pre-Travel Health Consultation and History Form

This form allows our medical providers to determine what you'll need (i.e. vaccinations, etc.) and/or if scheduling an appoint will be necessary prior to travel, based off your health history. Please submit this form along with your Request for Travel Immunizations for University Business form submitted **6 weeks** prior to travel and faxed to the UEOHC at 919-966-6337.

Important Note: this form is to be completed and signed by the traveling employee only.

Purpose of Trip: *check all that apply*

☐ Business ☐ Education ☐ Research ☐ Medical Care ☐ Other

*If **other**, please explain:*

Trip Destination(s)

Important Note: Each **city** & **country** to be visited **must** be listed, including **stopovers** and/or **layovers.**

City	Country

Departure Date: _____

☐ Urban ☐ Rural ☐ Remote ☐ Beach ☐ High Altitude

City	Country

Departure Date: _____

☐ Urban ☐ Rural ☐ Remote ☐ Beach ☐ High Altitude

City	Country

Departure Date: _____

☐ Urban ☐ Rural ☐ Remote ☐ Beach ☐ High Altitude

UNC | FINANCE AND OPERATIONS
Environment, Health and Safety

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY EMPLOYEE OCCUPATIONAL HEALTH CLINIC
North Carolina Area Health Education Center | Suite 201 | Campus Box 1649 145
North Medical Drive | Chapel Hill, NC 27599-1649
Phone: 919-966-9119 |Fax: 919-966-6337

Pre-Travel Health Consultation and History Form

Traveling Employee's Personal Information

Name (First, MI, Last) _____ PID _____

Email Address _____ Best Contact Number _____

Department Information

Department Name _____ Department Phone Number _____

Position Title _____ Campus Box Number _____

Health History

Do you have any chronic health problems for which you take medication on a regular basis to see a health care provider?

Yes ☐ **No** ☐

*If **yes**, please explain:*

Are you currently being treated for any health problems? *If **yes**,* **Yes** ☐ **No** ☐

please explain:

UNC | FINANCE AND OPERATIONS Environment, Health and Safety

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY EMPLOYEE OCCUPATIONAL HEALTH CLINIC
North Carolina Area Health Education Center | Suite 201 | Campus Box 1649 145
North Medical Drive | Chapel Hill, NC 27599-1649
Phone: 919-966-9119 |Fax: 919-966-6337

Pre-Travel Health Consultation and History Form

Allergies

Medication(s) ? **Yes** ☐ **No** ☐

*If **yes**, please explain:*

Reaction to Vaccine(s)? *If* **Yes** ☐ **No** ☐

***yes**, please explain:*

Egg or Other Food? *If* **Yes** ☐ **No** ☐

***yes**, please explain:*

Bee Stings? **Yes** ☐ **No** ☐

*If **yes**, please explain:*

Animals? **Yes** ☐ **No** ☐

*If **yes**, please explain:*

Environmental *(pollens, dust, hay fever, etc.)*? **Yes** ☐ **No** ☐

*If **yes**, please explain:*

Have you ever experienced anaphylaxis (severe allergic reaction)? **Yes** ☐ **No** ☐

*If **yes**, please explain:*

UNC | FINANCE AND OPERATIONS
Environment, Health and Safety

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY EMPLOYEE OCCUPATIONAL HEALTH CLINIC
North Carolina Area Health Education Center | Suite 201 | Campus Box 1649 145
North Medical Drive | Chapel Hill, NC 27599-1649
Phone: 919-966-9119 |Fax: 919-966-6337

Pre-Travel Health Consultation and History Form

Medications

Please list all prescribed and over-the-counter medications and supplements you use:

Medication/Supplement	Reason for Use

Females Travelers Only

Are you currently or are you trying to become pregnant? **Yes** ☐ **No** ☐

Travel Background

Have you traveled internationally in the past? **Yes** ☐ **No** ☐

*If **yes**, please list the approximate date (year, preferably) of travel and destination, respectively:*

Destination	Date

FINANCE AND OPERATIONS
Environment, Health and Safety

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY EMPLOYEE OCCUPATIONAL HEALTH CLINIC
North Carolina Area Health Education Center | Suite 201 | Campus Box 1649 145
North Medical Drive | Chapel Hill, NC 27599-1649
Phone: 919-966-9119 |Fax: 919-966-6337

Pre-Travel Health Consultation and History Form

Additional Comments/Notes:

Traveling Employee's Signature

Date

UEOHC Medical Provider's Signature

☐ RN ☐ PA ☐ MD