



Pre-Travel Health Consultation and History

These forms are to be completed by the **traveling employee** and must be submitted **6 WEEKS** prior to travel. If the minimum requirement of notice is not met, forms will require approval from the department chair or associate chair. Please submit all forms to **UEOHC** via fax at **919-966-6337** or email at ueohc@office.unc.edu.

Employee Information

Name

PID #

Email Address

Personal Contact Number

Department Information

Department Name

Office Phone Number

Position Title

Office Fax Number

Travel Destinations & Durations

Layover destinations **MUST** be included below.

City	Country	Arrival Date	Duration (days)

Have you traveled to these locations before? Yes No

If so, briefly explain purpose of travel: _____

What is the official U.S. departure date for this travel? _____

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Purpose of Travel

What is the purpose of your upcoming travel? (Check all that apply)

- Business Education Research Medical Care Other

If other, briefly explain: _____

Travel Environment

What type of environment will you be traveling or exposed to? (Check all that apply)

- Urban Rural Remote Beach High Altitude

If none of the above apply, please explain: _____

Travel History

Have you traveled internationally before? Yes No

If so, please list these destinations and the approximate year of travel:

City	Country	Year

Travel Vaccination History

Have you received travel vaccines in the past? Yes No

If so, please list those vaccinations: _____

Female Travelers **Only**

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

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Allergies & Symptomatic Reactions

Medications

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Vaccines

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Foods (i.e., peanuts, eggs)

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Bee Stings

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Animals

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Environmental (pollen, dust, hay fever, etc.)

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:

Have you ever experienced anaphylaxis (severe allergic reaction)?

Yes

No

If yes, briefly describe what happens during the reaction, including any/all symptoms:



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Additional Information, Comments, Questions, & Concerns

Is there any additional general information you would like to discuss with the medical provider?

Is there additional information related to your past travels you would like to discuss with or inform the medical provider of?

Is there any additional information about your upcoming traveling plans that you would like to know more about (risk factors, references, guidance, current events, etc.) that you would like to discuss with the medical provider?



Traveling Employee Signature

Date

UEOHC Medical Provider Signature

Date

