Travel Clinic Patient Questionnaire  
Student Health Services

The Travel Clinic provides international travelers with information about the countries they are planning to visit, evaluates healthcare needs and risks, and provides immunizations and consultations. Students anticipating travel should make an appointment a minimum of eight (8) weeks before traveling to allow time for any counseling and administration of immunizations. Call 803-777-9511 (or 803-777-1448) for an appointment.

Please fill out this form and call to make an appointment. There is a charge for travel consultations and any charges for immunizations and medications. Several appointments may be needed. Bring your immunization records with you to your travel consultation.

Contact our Immunization coordinator by phone 803-777-9511 (or 803-777-1448) or email IMMUNIZE@mailbox.sc.edu.

Name: (please print)________________________________________ Date of Birth: _____/_____/_____
Address: ___________________________________________________ Gender: Male Female
Home phone: _________________________ Work phone: __________________________
Email address: ________________________________________________ Social Sec. #: __________________

INFORMATION REGARDING TRAVEL PLANS

List the countries in order to which you will be traveling:
____________________________________________
____________________________________________
____________________________________________

Date of departure: ________/_____/_____
Length of stay:

Is your travel to: (circle one) urban areas / rural areas / urban and rural areas

What is the reason for travel? (pleasure, business, medical work, study abroad, etc)
____________________________________________

How did you hear about our services? ______________________________________________

Have you ever had the following diseases or received vaccines for:

Chicken pox YES NO
Measles (or received two doses of measles vaccine) YES NO
Mumps (or received mumps vaccine) YES NO
Rubella vaccine (or received positive test for immunity) YES NO
Are you currently being treated for cancer? YES NO
Do you have a deficiency of the immune system? YES NO

Please list any existing medical conditions (heart disease, diabetes, etc):
____________________________________________
____________________________________________

Please list all medications you are taking (prescriptions and over-the-counter):
____________________________________________
____________________________________________

QUESTIONS FOR WOMEN

Are you pregnant, suspect you may be pregnant, or trying to become pregnant?
YES NO

If pregnant, how many weeks?

_______ weeks

Are you breast feeding?

YES NO

If you are breastfeeding or pregnant, you must see your OB physician. We cannot administer immunizations to these individuals without a written order from the OB physician.
The statements above are true to the best of my knowledge.  
Signed ________________________________ Date _________________