## University of Iowa Student Health - International Travel Medical Questionnaire

ID number \_\_ DOB

F-mail address

PITINERARY  Destination(s) (City, Country) Where will you stay? Length of stay Prior travel to this country?  Purpose of travel?  Have you traveled outside of the US? Where?  Please answer the following questions to assist us in planning your travel needs. You will not need to do this if you have filled form within the past 2 years.  GENERAL MEDICAL INFORMATION VER STANDARD STAN	Today's date	DOB					
Destination(s) (City, Country)   Where will you stay?   Length of stay   Yes   No	Addiess					<del></del>	
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## **IMMUNIZATIONS**

Please obtain documentation of immunizations/vaccinations from your doctor's office or other medical facility. (This may have been done when registering for the first time at the University of Iowa—check ISIS to see if vaccination information is up to date). Fax to 319-384-1703, Attention: TRAVEL, or bring to University of Iowa Student Health Service, the immunization document and this COMPLETED form. You must do this prior to scheduling your initial travel visit.