Travel Health Questionnaire

Student's Name: _____ Date of Birth _____
last first middle

Destination of Trip: _____

Medical Information – it is very important the adults who accompany your child on this trip are prepared for health issues that might arise when your child is away from home. Please include psychological as well as physical diagnoses. This information will be available only to the adults associated with this trip and shared only on a "need to know" basis.

Medical Problems: _____

Psychological or mental health issues: _____

Medications: _____

Allergies to medications, foods or insects: _____

Does your child have an EpiPen? No ☐ Yes ☐

Swimming Ability: _____

Dietary Restrictions: _____

Has your child received a Hepatitis A vaccine and booster in the past? Dates: _____

By signing below, I, _____ [printed name of parent/guardian], attest that I have completed this form accurately and completely, and that I have read, understood, and have had the opportunity to ask questions about the Travel Medicine Advisory letter provided by the Health Center. I also understand that it is my responsibility to update the Health Center with any changes to my child's medical condition between the completion of this form and the start of the trip.

Signature of parent or guardian: _____ Date: _____