



Travel Immunization Worksheet

Name: _____
 UO ID: _____

THERE IS A CHARGE FOR YOUR TRAVEL APPOINTMENT

★Travelers, please fill in everything above IMMUNIZATION section★

Phone#: _____ Country of Birth: _____

E-mail Address: _____

Departure Date: _____ Main Country of Stay: _____

Have you lived or traveled to your main country of stay previously? No Yes: How long? _____

Please bring your immunization records to your appointment.

List the countries in the order that you will be entering them, including your main country of stay:

- | | |
|-------------------------------|-------------------------------|
| 1. _____ length of stay _____ | 4. _____ length of stay _____ |
| 2. _____ length of stay _____ | 5. _____ length of stay _____ |
| 3. _____ length of stay _____ | 6. _____ length of stay _____ |

Do you have any forms that require a physician's signature? Yes No _____
(provider)

Physical Appointment Scheduled with _____ On: _____
(provider) (date)

Immunizations

Hepatitis A #1 _____ #2 _____	Polio _____
Hepatitis B #1 _____ #2 _____ #3 _____ #4 _____	PPD Placed _____ Read _____
Twinrix #1 _____ #2 _____ #3 _____ #4 _____	Rabies #1 _____ #2 _____ #3 _____
HPV _____	Tdap/Td _____
Influenza _____	Typhoid _____
Japanese Enc. #1 _____ #2 _____ #3 _____	Varicella _____
MMR _____	Yellow Fever _____
Meningococcal _____	Other _____

RX & Other

Malaria _____
 Diarrhea _____

Syringe Pack _____
 HIV Scheduled _____
 Plan B _____

Appointment Date: _____ Time: _____