UMMS Office of Global Health Medical Clearance Form

As people travel to unfamiliar environments, they are exposed to various health risks; these risks vary with respect to both the particular traveler and the travel. Many adverse health consequences may be prevented or reduced by taking precautions before, after and during travel. Following your visit to Student Health Services please submit this signed form and a copy of your International Certificate of Vaccination or other immunization record(s) to the Office of Global Health (room S7-410 or fax 508-856-2840).

I have fully assessed the potential hazards of the countries and regions to which I am traveling, including requirements and recommendations with regard to malaria, yellow fever, infectious diseases, tropical diseases, vaccinations, injuries, violence and psychological health.

As indicated on the included immunization record and yellow fever card (if applicable), I am up to date on all the routine, required and recommended vaccines (including seasonal influenza and H1N1) for my travel destination(s).

I have filled all prescriptions that I will need for the duration of my travels, or I know where and how I may fill them locally.

I am aware of the risks of malaria in all the regions to which I am traveling. If necessary, I have discussed my health care provider an appropriate antimalarial prophylactic regimen and how to protect myself against mosquito bites.

I have discussed with my health care provider the potential need for HIV post-exposure prophylaxis (PEP). If deemed necessary, I have obtained a supply of PEP to bring with me; if I have elected not to take a supply of PEP, I know where and how I may obtain PEP within my travel destination.

_____________________________________________  __________________________
Traveler's Signature  HC Provider's Signature

_____________________________________________
Traveler's Name (printed)  HC Provider's Name (printed)

__________________________________________  __________________________
Date  Date