



**Texas A&M International University Student Health Services - Travel Questionnaire**

Student Name: \_\_\_\_\_ A \_\_\_\_\_

I understand that my travel recommendations may contain personal health information based on my specific medical history and location of travel program and/or destination.

Email address: \_\_\_\_\_ @dusty.tamui.edu

Phone number: \_\_\_\_\_

**TRAVEL QUESTIONNAIRE** must be completed by all students who are participating in a TAMIU sponsored travel abroad program. By completing this form, you certify that all information provided is true and accurate.

**Travel Itinerary:** LIST ALL COUNTRIES you will visit during your travel abroad program. **Please include any layovers in South America or Africa if they are > 12 hours in duration, as this may impact vaccine recommendations/requirements.**

Country (list all you may visit)	City or Region in each Country	Arrival Date	Departure Date

**Medical History: REQUIRED FOR ALL TRAVELERS.** Indicate with a ✓ whether or not **YOU** have ever been diagnosed or treated for any of the following conditions. If more information is required, you may be contacted by a campus healthcare professional.

Positive TB skin test	ADHD/ADD	Thyroid disorder
Heart Problems	Migraine Headaches	Pregnant
Seizures/Epilepsy	Sickle Cell Anemia	Spina bifida
Asthma	Diabetes	Multiple sclerosis
Bipolar Disorder	Splenectomy	Cerebral palsy
Depression	Immune deficiency	Vertigo
Anxiety/Panic Attacks	Cancer	Severe allergies (sinus)
OCD	Blood clotting disorder	Severe allergy to insects
Visual impaired/blind	Arthritis	Severe allergy to food
Hearing impaired	COPD	

**Medical Conditions** not indicated above: \_\_\_\_\_

**Medications** currently taken (prescription and over the counter): \_\_\_\_\_

**Allergies & Reactions** to medications, foods, insects, etc. \_\_\_\_\_

Do you have any medical conditions that may require accommodations during your trip:  YES  NO (If yes, please describe)

**IMMUNIZATION HISTORY: ALL STUDENTS ARE REQUIRED TO SUBMIT A COMPLETE VACCINE RECORD INCLUDING COVID-19 VACCINES.** *You can obtain a vaccine record from your high school, previous university or from your healthcare provider's office.*

I UNDERSTAND THAT COMPLETING THIS FORM AND THE SUBSEQUENT ONLINE TRAINING SESSION IS NOT A MEDICAL CLEARANCE FOR TRAVEL. IF I HAVE A CHRONIC MEDICAL CONDITION THAT REQUIRES MEDICATION, TREATMENT OR IF I AM BEING TREATED FOR MENTAL HEALTH CONCERNS, I WILL DISCUSS MY CARE DURING TRAVEL, HOW TO HANDLE WORSENING OF MY SYMPTOMS OR WHETHER I NEED TO AVOID TRAVEL WITH MY PRIMARY CARE PHYSICIAN PRIOR TO MY DEPARTURE. I UNDERSTAND THAT AS A STUDENT OF TEXAS A&M INTERNATIONAL UNIVERSITY, I AM REQUIRED TO FOLLOW ALL CURRENT COVID-19 PROCEDURES REGARDING INFECTION AND EXPOSURE PRIOR TO DEPARTURE AND UPON RETURN OF MY TRAVEL ABROAD PROGRAM.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_