

**Student Health Services, 107 Eickhoff Hall, 2000 Pennington Road, Ewing, N.J. 08628-0718**

**Phone: 609-771-2889; Fax: 609-637-5131; E-Mail:** **health@tcnj.edu**

**STUDENT TRAVEL**

**HEALTH NEEDS & VACCINES REVIEW LIST**

**(student to review with a licensed health care practitioner)**

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| **ROUTINE VACCINATIONS:**  | **COMPLETED:** | **Notes:** |
| MMR (measles, mumps, rubella); Varicella (chickenpox); Hepatitis B; Tdap (tetanus, diphtheria; pertussis); and Meningococcal (meningitis). |  □ Yes □ No   | Missing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HPV/human papillomavirus (3 needed) |  □ Yes □ No  | Missing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other (i.e., Pneumococcal) |  □ Yes □ No □ Not Indicated | *\*pre-order needed* |

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| **TRAVEL VACCINES:**  | **INDICATED:** | **COMPLETED** | **Notes:** |
| Hepatitis A Vaccine (2 needed) | □ Yes □ No | □ Yes □ No | Missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Influenza Vaccine (flu shot) \*seasonal | □ Yes □ No | □ Yes □ No |  |
| Typhoid Vaccine | □ Yes □ No | □ Yes □ No |  |
| Japanese Encephalitis Vaccine (2 needed) *\*pre-order needed* | □ Yes □ No | □ Yes □ No | Missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yellow Fever Vaccine *\*pre-order needed* | □ Yes □ No | □ Yes □ No | *\* You will need a Yellow Fever Certificate for travel to certain destinations.* |
| Polio Booster Vaccine*\*pre-order needed* | □ Yes □ No | □ Yes □ No |  |
| Meningococcal Vaccine | □ Yes □ No | □ Yes □ No |  |
| Rabies Vaccine: prophylaxis (3 needed) *\*pre-order needed* | □ Yes □ No | □ Yes □ No | Missing: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **OTHER TRAVEL NEEDS:** |  | **Notes:** |
| Check the CDC website on travel [**www.cdc.gov/travel**](file:///C%3A%5CUsers%5Cvermeyj%5CAppData%5CLocal%5CTemp%5Cwww.cdc.gov%5Ctravel)or[**www.istm.org**](file:///C%3A%5CUsers%5Cvermeyj%5CAppData%5CLocal%5CTemp%5Cwww.istm.org) | **DO NOW:**  | ***ALL*** students traveling internationally should visit these websites. |
| Traveler’s Diarrhea Prevention Medication  | □ Indicated □ Not Indicated | If indicated, prescription will be given |
| Altitude Sickness Prevention Medication  | □ Indicated □ Not Indicated | If indicated, prescription will be given |
| Malaria Prevention Medication | □ Indicated □ Not Indicated  | If indicated, prescription will be given |
| Is a **TB test** advised when returning home to the United States? | YES:□ NO:□  | Available at Student Health Services |

**For more information about vaccines, visit The Centers for Disease Control (CDC) vaccine information statements (VIS) at** [**http://www.cdc.gov/vaccines/pubs/vis/default.htm**](http://www.cdc.gov/vaccines/pubs/vis/default.htm) **or The US Advisory Committee on Immunization Practices (ACIP) at** [**www.cdc.gov/vaccines/pubs/ACIP-list.htm**](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm)

**STUDENT TRAVEL**

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|  |  |
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| **Recommendation:** | **Purpose:** |
| **Serious or Chronic Medical Problems:** If you have any serious or chronic medical problems, see your specialist pre-travel. | Maintain health during travel. |
| **Insurance:** Check with your health and dental insurance for international coverage or purchase travel insurance. | Adequate insurance coverage for your chosen destination |
| **Allergies:** Purchase a medical alert bracelet for allergies to medicines, foods, etc. | Consider having your allergy printed on your alert bracelet in the language of your destination. |
| **Air travel:** Purchase “Ear Planes®” at a pharmacy, convenience store, or Amazon.com to wear during air travel. Take a decongestant before boarding plane. Swallow or chew gum during take-off and landing. | Minimize ear pain during flight. |
| **Air travel:** Get up & stretch. Walk if permitted. Stretch calf muscles. Stay hydrated. Wear support stockings. | Minimize chance of blood clots (DVTs) in your legs from sitting on prolonged flights. |
| **Sun:** Sunscreen (with UVA & UVB protection; SPF>30) | Sunburn/damage and skin cancer protection |
| **Sun:** Lip Balm (>15 SPF) | Sunburn/damage protection for lips |
| **Insects:** wear insect repellent (apply DEET >20% containing insect repellent AFTER applying sunscreen ) | IMPORTANT: Prevention against diseases associated with mosquitos, ticks & other insects |
| **Insects:** treat clothing and mosquito netting with Permetherin 24-48 hrs in advance of travel (follow the label instructions). Lasts several washings. | Prevention against diseases associated with mosquitos, ticks & other insects. Permethrin should NOT be applied to skin, but when applied to clothing and netting works as an insecticide and repellent. REI (<http://www.rei.com/>) carries permethrin-treated-gear. |
| **Food and Water Safety:** visit http://wwwnc.cdc.gov/travel/page/food-water-safety | Minimize illness from food and water. |
| **High Altitude:** High altitude illness prevention<http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/altitude-illness> | Minimize altitude sickness. Consider obtaining a prescription for altitude sickness prevention medication from a health-care provider. |
| **Rabies:** Avoid animal bites or contact with saliva (dogs, bats, monkeys, etc.). Don’t pet animals, even cute ones! | Consider receiving rabies vaccination prior to travel.  |
| **Personal safety:** visit <http://www.travel.state.gov/> | Take measures to avoid accidents & injuries  |

**POST-TRAVEL NEEDS:**

Hopefully you have prepared carefully for your trip and have avoided or limited health hazards during travel. However, nothing is 100%. After you return from your trip, we recommend that you schedule a follow-up appointment with Student Health Services. One reason may be to finish a vaccine series that you have started such as hepatitis A vaccine. Another reason may be to address persistent symptoms such as diarrhea which may need medical treatment.

\*Lastly, but very importantly **fever** in a returning traveler needs prompt attention. **If you have traveled to a malaria endemic area, symptoms of fever may be a sign of malaria, dengue, and other mosquito-borne illnesses *even if you took malaria prevention medications*. Seek prompt medical attention and alert health care providers of your recent travel.**

**RESOURCES:**

Center for Disease Control: [www.cdc.gov/travel](http://www.cdc.gov/travel)

International Association for Medical Assistance to Travelers – IAMAT: [www.iamat.org](http://www.iamat.org)

World Health Organization – WHO: [www.who.int/ent](http://www.who.int/ent)

U.S. Department of State: [www.travel.state.gov](http://www.travel.state.gov)

R: Global: TCNJ Student Travel Health Forms



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**STUDENT TRAVEL**

**HEALTH CLEARANCE FORM**

*(Student: please provide this clearance form to the appropriate TCNJ student travel related office:*

*(ie - Center for Global Engagement, STEP office, etc.)*

\*Note: please do not submit this form to TCNJ Student Health Services office

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DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: □ Center for Global Engagement □ STEP Office □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: □ TCNJ Student Health Services OR □ other health care provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAWS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ last name first name

I have provided a travel health consultation to the above-named student for travel to

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 *Country(ies)*

This consultation included review of the student’s medical history, any current or chronic medical conditions, allergies, medications required by the student, and consideration of any psychiatric or mental health conditions. A review of the student’s immunization record was conducted as well review and discussion of any immunizations recommended for travel to the destination(s) indicated by the student. Travel vaccines may or may not have been recommended based on the student’s specific travel plans and it is the responsibility of the student to consider and follow through on any advised vaccinations. Based on this consultation, this student is CLEARED for student travel to the above listed destination (s).

Travel vaccinations were advised: □ YES □ NO

Comments:

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Name of Healthcare Provider (print): \_\_\_\_\_\_\_

Signature of Healthcare Provider:

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address or Office Stamp:

R: Global Clearance and Travel Info 6/16