

**Travel Vaccines Checklist (STUDENT’S COPY)**

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| **ROUTINE VACCINATIONS:** |  | **Notes:** |
| Most TCNJ students have completed these vaccines as part of their TCNJ pre-admission requirements: MMR (measles, mumps, rubella); Varicella (chickenpox); Hepatitis B; Tdap (tetanus, diphtheria; pertussis); and Meningococcal (meningitis). | **Completed: Yes No****Missing:** | Available at TCNJ Student Health Services |
| HPV (human papillomavirus) | **Completed: Yes No Unsure** | Available at TCNJ Student Health Services |
| Other (i.e. - Pneumococcal) | **Completed: Yes No Not Indicated** | *Not* available at Student Health Services. Available at most pharmacies. Check with your insurance. |

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| **COMMON TRAVEL VACCINES:**  |  | **Notes:** |
| Hepatitis A Vaccine | **Completed: Yes No Unsure** **Not Indicated** | Available at TCNJ Student Health Services |
| Influenza Vaccine (flu shot) | **Completed: Yes No Unsure** | Available at TCNJ *while supplies last* |
| Typhoid Vaccine | **Completed: Yes No Not Indicated** | Available at TCNJ Student Health Services |
| Traveler’s Diarrhea Prophylaxis (if indicated)  | **Completed: Yes No Not Indicated** | Available at TCNJ Student Health Services |

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| **OTHER TRAVEL VACCINES:** |  | **Notes:** |
| Check the CDC website on travel to see if any additional travel vaccines are needed. | **DO NOW: □**[**www.cdc.gov/travel**](http://www.cdc.gov/travel)or[**www.istm.org**](http://www.istm.org) | *ALL* students traveling internationally should visit this site for complete travel health information. |
| You may need other travel vaccines that are NOT currently available at TCNJ Student Health Services (ie - Malaria, Japanese encephalitis, Rabies, \*Yellow fever).\*Note: If you require the Yellow fever vaccine, you will also need to obtain a Yellow fever certificate before travel. Knowing your itinerary is important as traveling with a layover in a country with the yellow fever vaccination requirement may necessitate the yellow fever certificate at your final destination. |  **□** Contact a travel vaccine clinic for these vaccines. For a list of travel health providers in your area that administer travel health vaccines and consultations, visit: [**www.**](http://www.)**istm.org**. | *Not* available at Student Health Services |

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| **TB TEST:** |  |  |
| Is a TB test advised when returning home to the United States? | **YES: □ NO: □** **UNSURE (check www.cdc.gov/travel) : □**  | Available at TCNJ 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)



**Other Recommendations for Travel (STUDENT’S COPY)**

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| **Recommendation:** | **Purpose:** |
| **Serious or Chronic Medical Problems:** If you have any serious or chronic medical problems consider visiting your specialist before you travel | Address any special travel needs that you may have. Obtain any necessary medications and supplies. |
| **Insurance:** Check with your health and dental insurance carriers for international coverage or purchase travel insurance. | Check that you have adequate insurance coverage for your chosen destination. |
| **Allergies:** Get a medical alert bracelet for allergies to medicines, foods, etc. Commercially available from stores or you can order these online. | Alert others of your allergy. *Consider having your allergy printed in the language of your destination.* |
| **Air travel:** Purchase “ear planes” at a pharmacy or convenience store to wear during air travel. Take a decongestant before boarding plane. Swallow or chew gum during take-off and landing. | Minimize painful ears during flying. |
| **Air travel:** try to walk, every now and then. 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) | Sun damage and skin cancer protection |
| **Sun:** Lip Balm (>15 SPF) | Sun damage protection for lips. |
| **Insects:** wear insect repellent (apply DEET containing insect repellent AFTER applying sunscreen ) | Prevention against disease associated with mosquitos, ticks & other insects |
| **Food and Water Safety:** visit http://wwwnc.cdc.gov/travel/page/food-water-safety | Find ways to minimize illness from food and water. |
| **High Altitude:** High altitude illness preventionhttp://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/altitude-illness | Minimize altitude sickness |
| **Animals:** Avoid animal bites or contact with saliva (dogs, bats, mammals) | Minimize exposure to rabies |
| **Personal safety:** visithttp://www.travel.state.gov/ | Take measures to avoid accidents, assault, injuries and illness (ie -helmets, seatbelts, traveling in groups, avoiding excessive alcohol consumption, safer sex measures such as condoms, knowing how to access emergency services in your chosen location) |
| **Rabies**: From the bites of animals carrying rabieswww.cdc.gov/travel  | Avoid petting animals including domestic cats and dogs in countries where pets are not routinely vaccinated for rabies. |

**To find a travel vaccine clinic:** [www.istm.org](http://www.istm.org) International Society of Travel Medicine

**Helpful 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)

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**MEDICAL CLEARANCE FORM**

**(STUDENT TO RETURN THIS TO TCNJ CENTER FOR GLOBAL ENGAGEMENT)**

**TO:** TCNJ Center for Global Engagement

**FROM:**  TCNJ Student Health Services (SHS**) OR**

**FROM:** (if health care provider is other than TCNJ SHS) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RE:** Travel Health Consultation with student **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First name Last Name

TCNJ ID#: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

I have provided a travel health consultation to the above-named student on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**for travel to

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

 *Country(ies)*

This consultation included review of the student’s medical history, any current, chronic medical conditions, allergies, medications required by the student, and the student’s immunization history as well as any immunizations recommended for travel to the destination(s) indicated by the student. Review of any psychiatric conditions with particular attention to eating disorders, bipolar disorders and depression, and student response and compliance with required therapy and medications.

Based on this consultation, this student is:

* Cleared without restriction
* Cleared without restriction but with recommendation for:
* Not cleared for participation
* Not cleared pending further evaluation

Comments:

Name of Healthcare Provider (print): Date:

Signature of Healthcare Provider:

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

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