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**UTCOMLS’ Global Health Program**

**STUDENT FORM 3: TRAVEL CONSULT & PROOF OF CDC-RECOMMENDED VACINNATIONS**

**[For Completion Prior to Participation in a University-Approved Global Health Experience]**

Participating Global Health student,

You must provide the Global Health Program with your proof of vaccinations as recommended by the Center for Disease Control and Prevention (CDC). All vaccination recommendations may be found on the CDC website at: <https://wwwnc.cdc.gov/travel/destinations/list/>. [[1]](#footnote-1) Any questions in regards to recommended vaccinations [[2]](#footnote-2) may be emailed to Deborah Krohn, Global Health Program Advisor, and she will consult with Dr. Kristopher Brickman (UTCOMLS’ Senior Associate Dean of Innovation & Global Health Program Director) in regards to your inquiry.

If all recommended vaccinations are up-to-date, all you need to do is provide Deb Krohn with a copy of your Individual Immunization Compliance Report [[3]](#footnote-3) at your pre-departure orientation.

If, however, you still need to complete/update your recommended vaccinations, please contact Dr. Geehan Suleyman at UT Health Infectious Disease at 419.383.3780 to schedule a travel consult appointment. She has volunteered to work with UT students planning to participate in Global Health electives who need to complete their pre-travel vaccinations. Check with Dr. Suleyman’s staff for office hours in regards to scheduling your appointment. Dr. Suleyman prefers that your scheduled your travel consult appointment 4 – 6 weeks prior to the start of your intended travels. Remember to take your blank Global Health Student Form 3 (Travel Consult & Proof of CDC-Recommended Vaccinations) with you for Dr. Suleyman’s completion.

If you wish to have an outside physician complete your required travel consult, please schedule at your convenience and remember to take your blank Global Health Student Form 3 – Travel Consult & Proof of CDC-Recommended Vaccinations with you for your clinician’s signature.

Please direct all questions/concerns regarding recommended pre-travel vaccinations to Deborah Krohn, Global Health Program Advisor. Thank you!

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**Deborah M. Krohn,**M.Ed.

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**[For Completion Prior to Participation in a University-Approved Global Health Experience]**

*To be completed by UT Health Infectious Disease or other licensed health care provider after vaccination(s) are administered to student.*

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAVEL DESTINATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAVEL DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Need** | Vaccine/Immunization/Medication | **Date Ordered** | **Provider/Person Administering** | **Date Received** |
|  | ***CURRENT CDC Travel Recommendations***for listed area reviewed with and given to student. |  |  |  |
|  | ALL vaccine consents are signed and witnessed. |  |  |  |
|  | **Hepatitis A Vaccine**. (2 weeks before travel) One adult dose, 1 ml., IM, deltoid area. To be given IM at UHS. |  |  |  |
|  | **Typhim VI**. (2 weeks before travel) One adult dose, 0.5 ml IM, deltoid area. To be given at UHS. |  |  |  |
|  | **Oral Typhoid vaccine (Vivotif Berna)** as directed, p.o. |  |  |  |
|  | **Inactivated polio vaccine (IPV).** One adult dose, 0.5 ml IM or SC, deltoid area. To be given at UHS. |  |  |  |
|  | **Tetanus-diphtheria booster.** One adult dose, 0.5 ml IM, deltoid area. To be given at UHS. |  |  |  |
|  | **Rabies vaccine**. (3 doses)Give 0.1 ml intradermal on Day 1, 7, and 21 or 28. |  |  |  |
|  | **Positive Hepatitis B surface antibody.**  |  |  |  |
|  | **Meningococcal vaccine.** Give 0.5 ml SC. |  |  |  |
|  | **Yellow fever vaccine.**MUST have International certificate and stamp. | If your healthcare provider does not provide Yellow Fever vaccination, check CDC website for regional vaccination clinics.  |
|  | **Cipro 500 mg** p.o. bid x 3 days or **750 mg** x 1 dose for severe traveler’s diarrhea.  |  |  |  |
|  | **Azithromycin 1gm**, p.o. x 1 dose for severe traveler’s diarrhea. |  |  |  |
|  | **Mefloquine 250 mg. (Larium)**Take one weekly, same day each week.Start date thru . Take for weeks. |  |  |  |
|  | **Chloroquine 500 mg. (Aralen)**Take one weekly, same day each week, start date \_\_\_\_\_ thru \_\_\_\_\_\_. Take for \_\_\_ weeks ***OR*** **Atovoquine/Proguanil** 1 daily while traveling plus 7 days ***OR*** **Doxycycline** 100 mg, 1 daily starting 1-2 days prior to travel plus 4 weeks after. |  |  |  |
| (additions) |  |  |  |  |

I verify that the student has completed all CDC and other known health requirements for international travel to location listed above. If no boxes are marked, I verify that there are no CDC or other known health requirements for this site at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and date of health care provider (include clinic stamp)

Revised June 2019\_DMK

1. Simply select your destination under the *For Clinicians* box and select the *Mission/Disaster Relief* box and press *Go* and all recommended vaccinations will be listed. [↑](#footnote-ref-1)
2. Recommended CDC vaccinations will be reviewed at your required pre-departure orientation; that said, most vaccinations are recommended 4-6 weeks prior to your travel. This being the case, please email Deborah Krohn (deborah.krohn@utoledo.edu) with any questions in regards to your required vaccinations and she will consult Dr. Brickman for all requirements. [↑](#footnote-ref-2)
3. You will find your Individual Immunization Compliance Report by logging into your myUT Portal. Upon login, select your *Student* tab and select your *Personal Information* folder where you will find an *Individual Immunization Compliance Report* link. Select the link to view/print your Individual Immunization Compliance Report. [↑](#footnote-ref-3)