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**UTCOMLS Global Health Program**

**RESIDENT FORM 3: TRAVEL CONSULT / PROOF OF CDC-RECOMMENDED VACINNATIONS**

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

Participating Resident,

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 may be emailed to your UTCOMLS Faculty Advisor.[[2]](#footnote-2)

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

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 residents 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 you schedule 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 Resident 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 your UTCOMLS Faculty Advisor. Thank you!

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**UTCOMLS Global Health Program**

**RESTIDENT FORM 3: TRAVEL CONSULT / PROOF OF CDC-RECOMMENDED VACINNATIONS**

**[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.*

**RESIDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| --- | --- | --- | --- | --- |
| **Need** | Vaccine/Immunization/Medication | **Date Ordered** | **Provider/Person Administering** | **Date Received** |
|  | ***CURRENT CDC Travel Recommendations***for listed area reviewed with and given to resident. |  |  |  |
|  | ALL vaccine consents are signed and witnessed. |  |  |  |
|  | **Mefloquine 250 mg. (Larium)**Take one weekly, same day each week.Start date thru . Take for weeks. |  |  |  |
|  | **Chloroquine 500mg. (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. |  |  |  |
|  | **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)**One package, 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. |  |  |  |
|  | **Cipro 500 mg,** p.o., bid, for severe traveler’s diarrhea x 5-7 days. |  |  |  |
|  | **Yellow fever vaccine.**MUST have International certificate and stamp. | If your healthcare provider does not provide Yellow Fever vaccination, check CDC website for regional vaccinations clinics.  |
| (additions) |  |  |  |  |

I verify that the resident has completed all CDC and other known health requirements for international travel to location listed above. If none 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, 2018\_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 your UTCOMLS Faculty Advisor with any questions in regards to your required vaccinations. [↑](#footnote-ref-2)
3. You will find your Individual Immunization Compliance Report link by logging into your myUT Portal. Upon login, select your Employee tab and select More Personal Info Options under the Personal/Office Information in your Toolkit. The next screen will provide you with another set of folders, select the 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)