**For completion prior to prior to participation in a University-Approved Global Health Program Rotation/Mission.**

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: [Travelers' Health | CDC](https://wwwnc.cdc.gov/travel/). [[1]](#footnote-1) Any questions in regard 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 schedule a pre-departure travel consultation appointment 4 – 6 weeks prior to the start of your intended travels at either: 1) The University of Toledo Health Science Campus Student Health & Wellness Center (located at the Ruppert Health Center, Room 0013; phone number – 419.383.5000) or 2) The University of Toledo Main Campus University Health Center (located at 1735 West Rocket Drive, Entrance #3 on the Main Campus; phone number – 419.530.3451). Remember to take your blank Global Health Student Form 3 (Travel Consult & Proof of CDC-Recommended Vaccinations) with you to your travel consultation appointment so the UT Student Wellness Center clinician can sign your form upon administering recommended vaccinations.

If you wish to have an outside physician complete your required travel consultation appointment, 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 upon administering recommended vaccinations.

Please direct all questions/concerns regarding recommended pre-travel vaccinations to your UTCOMLS’ Faculty Advisor as well as UT Student Health & Wellness: <https://www.utoledo.edu/studenthealth/>. Thank you!

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

Global Health Program Advisor – College of Medicine and Life Sciences, Health Science Campus

The University of Toledo

2801 W. Bancroft St.

Stranahan Hall, Room 1022A/Mail Stop 103

Toledo, OH 43606

phone: 419.530.2549

fax: 419.383.3357

email: [**deborah.krohn@utoledo.edu**](mailto:deborah.krohn@utoledo.edu)

*To be completed by UT Wellness or other licensed health care provider after vaccination(s) are administered to resident.*

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

**TRAVEL DESTINATION/S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Satisfied** | **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. |  |  |  |
|  |  | **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. |  | . |  |
| **Satisfied** | **Need** | **Vaccine/Immunization/Medication** | **Date Ordered** | **Provider/Person Administering** | **Date Received** |
|  |  | **COVID-19 vaccination/s & booster/s.** |  |  |  |
| (additions) |  |  |  |  |  |

I verify that the resident 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)

1. Simply select your destination 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 regard 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)