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**UTCOMLS’ Global Health Program**

**STUDENT FORM 3: TRAVEL CONSULT & PROOF OF CENTER FOR DISEASE CONTROL & PREVENTION (CDC)-RECOMMENDED VACINNATIONS**

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

Participating student,

You must provide The University of Toledo College of Medicine & Life Sciences’ (UTCOMLS) Global Health Program with your proof of vaccinations as recommended by the CDC. All vaccination recommendations may be found on the CDC website at: <https://wwwnc.cdc.gov/travel/destinations/list/>.[[1]](#footnote-1)

If all recommended vaccinations are up to date, all you need to do is provide Deborah Krohn, UTCOMLS’ Global Health Program Advisor, with a copy of your Individual Immunization Compliance Report [[2]](#footnote-2) at your pre-departure orientation.

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 UT Student Health & Wellness: <https://www.utoledo.edu/studenthealth/>. Thank you!

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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]**

*To be completed by a licensed health care provider after vaccination(s) are administered to student.*

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

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

**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*** **Atovaquone/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 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 December 2024\_DMK

1. Simply select your destination and all recommended vaccines/medicines will be listed. [↑](#footnote-ref-1)
2. 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. COVID-19 vaccination/s and booster/s should be recorded in your report. [↑](#footnote-ref-2)