

ASU Health Services International Travel Questionnaire

Printed Name: _____ Date of Birth: _____

ASU 10 Digit ID# : _____

Please complete & submit this International Travel Questionnaire **at least 6 weeks** before your departure date so that you have adequate time to medically prepare for your trip. International travel appointments are best scheduled **four to six weeks** before departure and can take up to two weeks to get scheduled.

Your Phone Number: _____ May we leave voicemail if needed? Y or N

Date leaving the U.S.: ____ / ____ / ____ Date returning to U.S.: ____ / ____ / ____

1. Your Itinerary:

Countries you plan to visit (please list all even if only for a short excursion): _____

International airports you will be in (please list all airports you will use for departures, landings, layovers):

2. Are there any forms you need to have completed or signed before your trip in addition to the online medical clearance for the ASU Global Education Office? YES NO

If yes, you must bring a copy of the form with you to your medical appointment.

Examples of forms that may need to be signed by your medical provider: CIEE, ISA, Semester at Sea, Fulbright, Peace Corps, VISA application, Missionary Experience

3. Is your trip coordinated through a program other than the ASU Global Education Office?

YES

NO

4. Please list any medical condition(s) that you have been diagnosed with or treated for within the past three years:

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5. Have you been treated for a mental health concern within the past three years?	YES	NO
If yes, please list all Mental Health providers you have worked with: _____		

6. Are you pregnant or might you become pregnant on this trip?	YES	NO
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7. Do you have access to your full immunization record?	YES	NO
Many countries have vaccine recommendations and requirements. You can often get your immunization history from previous medical providers or a parent or guardian.		
If yes, you must submit your immunization record with this form.		
If no, our staff will inform you of all the vaccines recommended and required for your itinerary, but will not be able to individualize recommendations with your vaccine history.		

8. Are there any other medical concerns you would like to address as a part of this visit? _____

I verify that the above information accurately reflects my travel plans and accept that all information provided by ASU Health Services staff is based on the information provided on this form and during my medical visits.

Signature of Student Date of Signature (MM/DD/YYYY)

Printed Name of Parent or Legal Guardian <small>(If the student is under 18)</small>	Relationship	Phone Number
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Signature of Parent or Legal Guardian Signature <small>(If the student is under 18)</small>	Date of signature (MM/DD/YYYY)
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Scheduling at ASU Health Services: Travel appointments are available at all ASU Health Services locations. After submission of your International Travel Questionnaire, you will be contacted by an ASU Health Services staff member to schedule your travel appointments. It usually takes 2-3 days after receipt of the form for us to contact you. Please check the messages tab in your ASU Student Health Portal for communication regarding scheduling. Please do not schedule an appointment on your own. Your travel appointments will take approximately 1.5 hours to complete and require appointments with both a registered nurse and a medical provider.

Costs associated with your travel appointment: ASU Health Services will submit a bill to your medical insurance company on your behalf. Students are financially responsible for all travel appointment charges not covered by their insurance plans. All costs for which you are responsible will be sent to your ASU student account. It is recommended that you contact your medical insurance plan prior to your travel appointment to

determine out-of-pocket costs not covered under your insurance plan. Make sure to ask about coverage for immunizations required for international travel and if the ASU Health Services providers are in-network with your insurance. You can call the Customer Services number on your insurance card to ask these questions.

Using Your Own Primary Care Provider (outside of ASU Health Services): If you wish to see your own primary care provider or need to see a provider that is contracted with your insurance plan, please contact the ASU Global Education Office at (480) 965-5965 or goglobal@asu.edu to request this option.

Travel Appointments for ASU Online Students: If you are enrolled through ASU Online, you will need to see a community medical provider in order to complete your travel appointment. Please contact the ASU Global Education Office at (480) 965-5965 for appropriate documentation and/or a list of available providers.

How to submit this form to ASU Health Services:

1. Upload this form along with your full immunization records in your ASU Student Health portal. Go to the Downloadable Forms section and select the UPLOAD button in the International Travel Questionnaire section. OR
2. Bring this form along with your full immunization records to any ASU Health Services facility (located at all four ASU campuses).
OR
3. Fax this form along with your full immunization records to (480) 965-6531.

Questions?

Please call ASU Health Services at 480-965-3349 with any questions or additional information you may need prior to submitting this form.