

Oakland University Graham Health Center

Travel Questionnaire

Name: _____ G# _____

Birthdate: _____ Date: _____

Purpose of Travel: _____

ITINERARY

Departure from U.S.:

Arrival at Destination:

Return to U.S.:

List in chronological order: each place to be visited, living accommodations (host family, dormitory, camping) approximate length of stay, and anticipated activities (e.g. sightseeing, vacationing, educational, research, health care work).

	Location (Country)	Living Accommodations	Dates	Purpose
1.				
2.				
3.				
4.				
5.				

SCREENING QUESTIONS:

Any anticipated animal exposure? _____

If yes, indicate domestic, wild or laboratory animal: _____

Are you presently in good health? _____

Do you have any significant health conditions?

Are you, or your female partner, pregnant or planning to become pregnant in the next 3 months?

___N/A ___No ___Yes

Do you live with anyone who is immunocompromised? ___No ___Yes

Do you have any significant neurological or mental health history? ___No ___Yes
