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).

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<tr>
<th>Location (Country)</th>
<th>Living Accommodations</th>
<th>Dates</th>
<th>Purpose</th>
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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