

Travel Health Consult Verification Form

It is the desire of Appalachian State University for ALL student traveling abroad to have a successful and healthy experience. In an effort to do so, it is required for each participant to complete and submit the following form to your Program Leader by a specified deadline prior to your travels.

I submit, _____ has been seen by _____.
(Student) (Qualified Health Professional)

The following information has been covered during a Travel Consultation visit:

1. This student has been advised on the recommended and required vaccinations specific to their travel itinerary.
2. This student has been advised regarding the need for Anti-Malarial medications, specific to their travel itinerary, and has been offered a prescription to obtain this medication, if they chose.
3. This student has been advised regarding the need for Traveler's Diarrhea medication, specific to their travel itinerary, and has been offered a prescription to obtain this medication, if they chose.
4. This student has been counseled on health and security concerns specific to their travel itinerary.

Qualified Health Professional: _____ / _____
(Signature) (Printed Name)

Health Facility Name / Address / Phone:

Date of Travel Consultation: _____

Country / Countries in Travel Itinerary:

** This form may be completed through ASU Student Health Services, your local health department or your personal home physician **