



Health Department

Foreign Travel Form

Today Date: \_\_\_\_\_

Purpose of trip (check all that apply)

- Vacation, Education/research, Adoption, Visit friends or family, Missionary/volunteer/humanitarian relief, Work (urban, office-based, or conference), Work (rural, outdoors, or in local community), To obtain medical or dental care, Other: \_\_\_\_\_

Planned activities (list all):

\_\_\_\_\_

Will you be visiting areas that are? (Check all that apply)

- Rural, Urban, Primitive or remote, Working with or potential exposure to body fluids, Working with or exposed to animals, Potentially having new sexual partners

Date of departure \_\_\_\_\_ Date of return \_\_\_\_\_

Please indicate the countries you will be visiting in the order in which you will visit them. Also indicate the length of stay in each country.

Table with 5 columns: City, Country, Arrival Date, Departure Date, Reason for Travel

Accommodations (check all that apply):

- Resort/large hotel, Small hotel/guest house/B&B, Cruise ship, Private home (with locals), Private home (with relatives), Primitive camping, Up-scale camp/lodge, Dormitory/ hostel

Previous international travel (year of travel/destination of travel):

\_\_\_\_\_