

Pre-Travel Health Consultation Worksheet

The Center for Global Education *strongly recommends* a pre-travel health consultation with the CSB Health Services, SJU HealthPartners Clinic or your private medical provider before you study abroad. The Center for Global Education is not a travel health expert, therefore we have compiled the resources below to help you be a safe, healthy and smart traveler.

KEY ITEMS TO KEEP IN MIND...

- PLAN AHEAD! Medical practitioners' schedules fill fast. Schedule your pre-travel health consultation **AT LEAST 6 WEEKS** before you plan to leave the U.S.
- Many vaccines are given in series, often over the course of several weeks, re-enforcing the need to schedule your pre-travel health consultation early.
- Visit the CDC website (www.cdc.gov) to educate yourself regarding your travel destinations.
- Be sure to work with CISI Insurance provided by CSBSJU to make any necessary arrangements for your health while you are abroad.

BEFORE YOUR PRE-TRAVEL HEALTH CONSULTATION...

For your health care provider to give you the best information, you need to be prepared with the following information:

***NOTE-CSB students may log onto the patient portal once the travel appointment is made and complete all necessary travel forms which includes the information listed below. This saves time on the day of your travel appointment. Here is the link to Patient Portal: <https://stbenedict.medicatconnect.com/>**

1. Compile your complete **PERSONAL HEALTH HISTORY**, including

- Immunization records – *know what they were and the dates*
- List of current medications – *know the name(s) and dosage(s)*
- Known allergies – *medications / food / environmental / etc.*
- Physical / mental / emotional health concerns
- Previous international travel

2. **PROGRAM INFORMATION** – When compiling this information about your trip, you should consider the itinerary and activities included with your CSB|SJU study abroad experience **AND** your personal travel plans.

- Itinerary – List all countries and cities to be visited **AND** dates:

_____	_____
_____	_____
_____	_____

- Know your destination – Is it Urban / Rural / Remote / High Altitude / Beach?
- Where will you be staying? – Apartment / Home Stay / Residence Hall / Hostel / Camping
- Planned Activities (If you think you **MAY** do any of these activities, discuss possible health and safety outcomes with your health care provider.)

- | | |
|---|--|
| <input type="checkbox"/> Air travel | <input type="checkbox"/> Climbing/trekking |
| <input type="checkbox"/> Public transport | <input type="checkbox"/> Cave/spelunking |
| <input type="checkbox"/> Visiting schools | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Visiting hospitals | <input type="checkbox"/> Snorkeling |
| <input type="checkbox"/> Visiting orphanages | <input type="checkbox"/> Scuba |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Rafting |
| <input type="checkbox"/> Contact with animals | <input type="checkbox"/> Other: |

3. **ADDITIONAL QUESTIONS/CONCERNS** you want to discuss with your medical practitioner:
