Dear Students,

As people travel to unfamiliar environments, they are exposed to various health risks; these risks vary with respect to both the particular traveler and the type of travel. Many adverse health consequences may be prevented or reduced by taking precautions before, after and during travel.

**Six to eight weeks prior to your departure**, you should obtain travel health information relevant to your travel destination(s) and make an appointment with Student Health Services (SHS) to review any appropriate protocols and receive necessary immunizations. If you are traveling abroad and doing clinical work, extra health precautions should be taken under consideration; for example, PEP (post-exposure prophylaxis) medication might be needed for high-risk blood borne pathogen exposures. You must make an appointment with SHS to review PEP protocol and to receive the appropriate medications (508-344-2818). These medications are not provided by the UMass-Memorial travel clinic.

The only vaccination that is not administered in SHS is the yellow fever vaccine. This is only given in the travel clinic at UMMHC (508-334-5481). An appointment would be needed to receive this vaccine. Some insurance plans do not cover visits to travel clinic. If you do not have the BC\BS student plan, you should check with your plan to see if this is a covered service. If you are enrolled in the student insurance plan, visits to the travel clinic are covered.

Enclosed in this packet are the following:

1. Policy on Post-Exposure Prophylactics for student traveling abroad

2. Medical clearance form to be completed by you and your travel health care provider

If you have any questions or concerns, please do not hesitate to contact the Office of Under Graduate Education, the Office of Global Health, or Student Health Services.

We wish you safe and healthy travels!

Contact information:

Student Health Services 508-334-8464 studenthealth@umassmemorial.org

Office of Global Health 508-856-2840

Travel Clinic at UMMHC 508-334-5481

UMMS Office of Global Health Medical Clearance Form

As people travel to unfamiliar environments, they are exposed to various health risks; these risks vary with respect to both the particular traveler and the travel. Many adverse health consequences may be prevented or reduced by taking precautions before, after and during travel. Following your visit to Student Health, Travel Clinic and/or your PCP, please submit this signed form and a copy of your International Certificate of Vaccination or other immunization record(s) to the Office of Global Health (room S7-410 or fax 508-856-2840).

I have fully assessed the potential hazards of the countries and regions to which I am traveling, including requirements and recommendations with regard to malaria, yellow fever, infectious diseases, tropical diseases, vaccinations, injuries, violence and psychological health.

As indicated on the included immunization record and yellow fever card (if applicable), I am up to date on all the routine, required and recommended vaccines (*including seasonal influenza and H1N1*) for my travel destination(s)

I have filled all prescriptions that I will need for the duration of my travels, or I know where and how I may fill them locally.

I am aware of the risks of malaria in all the regions to which I am traveling. If necessary, I have discussed my health care provider an appropriate antimalarial prophylactic regimen and how to protect myself against mosquito bites.

I have discussed with my health care provider the potential need for HIV post-exposure prophylaxis (PEP). If deemed necessary, I have obtained a supply of PEP to bring with me; if I have elected not to take a supply of PEP, I know where and how I may obtain PEP within my travel destination.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Traveler’s Name (printed) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HC Provider’s Name (printed) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |