

Kansas State University
Lafene Health Center
1105 Sunset Ave.
Manhattan, KS 66502
Phone 785-532-6544
Fax 855-618-0188



YOUR STUDENT HEALTH RESOURCE

TRAVEL CLINIC FORM

Today's Date _____

Travel Clinic visits require an appointment. An initial travel appointment should be scheduled either by calling 785-532-6544 or by scheduling on the myLAFENE+ patient portal.

YOU MUST BRING THIS COMPLETED FORM WITH YOU FOR YOUR APPOINTMENT.

PLEASE PRINT LEGIBLY

Name _____ Birth Date _____
Last First Middle

() Student () Faculty/staff () Other WID # _____

Address: (Local) _____ (Permanent) _____

Phone (Home) _____ (Office) _____

Current Medications: _____

Allergies to Medicine or Vaccines: _____

Have you had allergic reactions to any of the following items? (Circle all that apply.)

Eggs Mercury (thimerosal) Bee stings Formaldehyde Sunlight

Are you being treated for leukemia, lymphoma, cancer, or any other malignant diseases? yes or no

Do you have a history of a deficiency of the immune system? yes or no

Do you have a history of anemia or any other blood disorder? yes or no

Do you have any existing medical condition such as diabetes, heart disease, or pulmonary disease?
yes or no If yes, please list: _____

Are you taking any steroids? yes or no

Do you have impaired gastric defenses (such as frequent diarrhea) or use antacids frequently? yes or no

Do you have any history or psychiatric disorders (such as depression, panic attacks, psychosis, etc.) or neurological disorders?
yes or no

FOR WOMEN ONLY:

Are you pregnant, suspect you may be pregnant, or trying to become pregnant? yes or no

Are you breast-feeding? yes or no

TRAVEL INFORMATION

Organization associated with travel? _____ Group Director _____

Date of departure _____ Date of return _____

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

DESTINATION	LENGTH OF STAY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please circle all that apply to your travel plans:

- | | | |
|--------------------------|--------------|--------------------|
| Major resort hotels | Cruise ships | Camping |
| Staying with a family | Small hotels | Safari |
| Rented foreign home | Youth hostel | Outdoor activities |
| Rural travel at any time | Spelunking | Dormitories |
| Other _____ | | |

Are you traveling alone? with a group? or both? Circle the answer.

UPLOAD YOUR IMMUNIZATIONS TO THE myLAFENE+ PATIENT PORTAL UNDER IMMUNIZATIONS PRIOR TO YOUR APPOINTMENT.

ALSO, PLEASE BRING IMMUNIZATION RECORDS (OR LEGIBLE COPIES) WITH YOU AT THE TIME OF YOUR FIRST APPOINTMENT.