

International Travel Plan Form

(To be completed by traveling Hope Student)

Name _____ phone: _____

Today's Date _____

Group traveling with _____ E-mail _____
(If applicable)

Destination _____
(City & country)

Date Leaving United States _____

Date Returning to United States _____

Itinerary: (list any other city/country you may be visiting on this trip before returning to U.S)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Describe housing & food accommodations during your travel: _____

(To be completed by health clinic staff)

Appointment (date & time) _____ Travel # _____

Vaccinations Required:

Anti-malaria treatment:

None Aralen # _____ Malarone # _____ Lariam# _____ Doxy # _____

Refer to: _____ For: _____