Travel Form for Study Abroad

Name_________________________________________          Birthdate___________________

E-mail address______________________________________________________________

Program______________________________________________________________

Destination________________________________________________________________

Date Leaving USA__________       Date Returning to USA__________

Itinerary: (list any other city/country you may be visiting on this trip)
  1.____________________________  4.____________________________
  2.____________________________  5.____________________________
  3.____________________________  6.____________________________

My Housing Accommodations:
  Hotel□       Apartment□        Host Family□            □ Dorm
  Other□_____________________________________________________

Does your program require a physical?   YES     NO
If yes, are you planning to have this in the Hope Health Center?   Yes   No
If yes, date physical form is due_________________________________________

•   NOTE: The Hope Health Center will do the best we can to accommodate your
    request for a study abroad physical. Due to the nature of our health center, we may
    not be able to accommodate your request, or guarantee that it can be completed
    before your form is due.
•   Physicals are also available through:

  Prime Care
  3235 Wellness Drive
  494-4250

  Med 1
  383 Garden Ave
  494-8271

  Your home health care provider

Return completed form to the Hope Health Center in person or via e-mail:
  sabo@hope.edu

-------------------------------------------------------------------------------------------------------------------

(To be completed by Health Center Staff)

Vaccinations Needed:

_________________________________________________________________________________________________________________________________________

Anti-malaria prescription needed?   YES     NO

  Aralen #______  Malarone #______  Doxy #______  Lariam #______
  Begin_______   Begin_______    Begin_______    Begin_______
  End________   End________    End________    End________