

## PRE-TRAVEL STUDENT HEALTH SERVICE (SHS) VISIT FOR GLOBAL HEALTH STUDENTS

<b>Plan &amp; SHS Travel Consultation for Global Health</b>	<b>Check All That Apply</b>	<input type="checkbox"/> MS1 <input type="checkbox"/> MS2 <input type="checkbox"/> MS3 <input type="checkbox"/> MS4 <input type="checkbox"/> MPH <input type="checkbox"/> PHD
	<b>Check All That Apply</b>	<input type="checkbox"/> research <input type="checkbox"/> public health <input type="checkbox"/> clinical/low-risk (without exposure to blood/body fluids) <input type="checkbox"/> clinical/high-risk* (potential exposure to blood/body fluids; MUST meet with CGH to obtain approval before scheduling SHS appointment. <b>You will be turned away from SHS without approval.</b> )
	<b>Non-BUP High-Risk Clinical Experiences</b>	<i>Only required for clinical/high-risk* experiences OTHER THAN Botswana-UPenn medicine elective</i> <input type="checkbox"/> Prescription for 3-day starter pack of PEP (post-exposure prophylaxis) from SHS <input type="checkbox"/> ITD 357 <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Clearance from SOM faculty <div style="text-align: right; margin-top: 5px;">CGH Signature: _____</div>
	<b>Endemic TB</b>	<p><i>Most countries are TB endemic (WHO definition is incidence &gt;20/100,000). Check TB status of your destination country via WHO TB Country Profiles: <a href="http://www.who.int/tb/country/data/profiles/en">www.who.int/tb/country/data/profiles/en</a></i></p> <input type="checkbox"/> <b>TB Endemic:</b> must have PPD ≤ 1 year before travel and 12 weeks after travel; if patient exposure (even interviewing or observing) is planned, check box for respirator clearance: <input type="checkbox"/> Patient exposure: must get respirator clearance and N95 fit testing
<b>Health Conditions</b>	If you have any personal health conditions that could be contraindications for your planned global health experience [e.g. asthma, certain allergies, diabetes, eating disorders, pregnancy, neurological (including migraines) or psychological conditions, or immune deficiency might be contraindications], see your treating clinician before visiting SHS to request a note that explains the situation and specifies whether or not s/he advises restrictions. Bring this 2-page SHS form and, if applicable, treating clinician note to present at SHS visit.	
<b>Schedule Required Pre-Travel SHS Visit(s)</b>	Make your appointment for SHS visit components (see 3 items below) at least 3 months before planned departure. Call SHS at 215-746-3535, press option 1 to speak to a nurse, and specify all of the following in your appointment request: <ol style="list-style-type: none"> <li>1. Travel Consultation for Global Health</li> <li>2. Travel Immunization Appointment</li> <li>3. Respirator clearance and N95 fit test appointment (if patient exposure box is checked above)</li> </ol> When the Global Health Travel Summary on the next page has been signed and stamped by SHS, please submit it to the Center for Global Health (CGH) along with other required paperwork.	
<b>Read &amp; Sign</b>	1. When you have completed all pre-travel items recommended by SHS, the SHS Reception Nurse will complete your travel summary (see next page). The travel summary, including any restrictions/accommodations will be reviewed with you and your signature will be requested. Your signature below indicates your understanding that, if restrictions/accommodations are noted, the Center for Global Health will share these with the host site supervisor/mentor so that s/he may determine whether they are compatible with your proposed activity.  2. <b>Up to one year post travel, you should schedule a visit with Student Health Services (and remind staff of your travel experience) if you experience severe symptoms such as fever, prolonged cough, weight loss, diarrhea, abdominal pain, bleeding, unusual rashes, etc.</b>	
<div style="display: flex; justify-content: space-between;"> <span><i>Student Printed Name</i></span> <span><i>Student Signature</i></span> <span><i>Date</i></span> </div>		

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<b>Student Info</b>	<p><b>Name (last, first):</b> _____ <b>Penn ID#:</b> _____</p> <p><b>Travel Destination(s):</b> _____</p> <p><b>Travel Start Date:</b> _____ <b>Travel End Date:</b> _____</p>
<b>Global Health Travel Consultation</b>	<p>Student completed a global-health-specific travel consultation at SHS on ____/____/_____. Based on consultation, student's travel and activity plans, and page 1 of this form:</p> <p>Reviewed:   <input type="checkbox"/> Immunizations   <input type="checkbox"/> TTBI   <input type="checkbox"/> Respirator Clearance/Fit Testing</p> <p><input type="checkbox"/> Destination-specific prescriptions provided</p> <p><input type="checkbox"/> PEP prescription provided (PEP indicated in shaded high-risk clinical experiences box on page 1)</p> <p><input type="checkbox"/> <b>No underlying health conditions identified as risk factors to travel</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ONLY if underlying health condition/s identified as a risk factor to travel, please check one box below:</p> <p><input type="checkbox"/> No evaluation of condition outside of SHS required (<i>SHS staff: please attach brief explanation</i>)</p> <p><input type="checkbox"/> <b>Treating clinician notes attached</b></p> </div> <p>_____ <i>SHS Travel Health Clinician Signature</i> <span style="float: right;">_____ Date</span></p>
<b>Test of TB Infection</b>	<p><b>SHS Nurse:</b> <i>Please complete for ALL students traveling in TB-endemic countries, regardless of TTBI date (must be &lt; 1 yr before travel). Sign only when results are available. Advise student to have TTBI 12 weeks post travel.</i></p> <hr/> <p>Date of most recent TTBI: ____/____/_____          TTBI Type:   <input type="checkbox"/> PPD   <input type="checkbox"/> IGRA   <input type="checkbox"/> TB symptom check          Results of most recent TTBI:   <input type="checkbox"/> Neg   <input type="checkbox"/> Pos</p> <p>_____ <i>SHS Nurse Signature</i> <span style="float: right;">_____ Date</span></p>
<b>N95 Respirator</b>	<p style="text-align: center;"><b>SHS Nurse:</b> <i>for all students anticipating patient exposure in TB-endemic location</i></p> <hr/> <p>Satisfactory fit testing at   <input type="checkbox"/> SHS   <input type="checkbox"/> EHRS on ____/____/_____          _____ <i>SHS Nurse Signature</i> <span style="float: right;">_____ Date</span></p>
<b>Global Health Travel Summary</b>	<p><b>SHS Reception Nurse:</b> <i>Please check UP-TO-DATE box below to confirm that student is up-to-date on listed items. Do not stamp form before all required information is received. After stamping, scan into student's PointNClick Chart.</i></p> <p><input type="checkbox"/> <b>UP-TO-DATE:</b> Student's immunizations are up-to-date and TTBI &amp; N95 fit test, if required, have been completed.</p> <p><input type="checkbox"/> <b>NO RESTRICTIONS:</b> Either no risk factors for travel identified or risk factors identified but SHS review and/or treating clinician note indicate no need for restrictions or accommodation</p> <p style="text-align: center;"><i>Check one of the boxes below ONLY if "No Restrictions" box cannot be checked; notes from SHS or treating clinician must be attached (to SHS file copy only). SHS and/or treating clinician counseled student:</i></p> <p><input type="checkbox"/> not to travel <i>OR</i></p> <p><input type="checkbox"/> to travel, if following accommodation possible: _____</p>
<b>Sign &amp; Stamp</b>	<p>_____ <i>SHS Reception Nurse Signature</i> <span style="float: right;">_____ date</span></p> <p>_____ <i>Student Signature</i> <span style="float: right;">_____ date</span></p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;"> <p><b>SHS Stamp:</b> <i>only when entire form is complete; stamp and scan</i></p> </div>