Messiah University Travel Health Clearance - Part B
Traveler Name ____Date of Birth____________
Traveler Phone Number _____________________________ Traveler Email:____________________________
Dates of Travel:______________________________ Destination (s) :____
Fill out the following after reviewing the Travax or CDC report or with the assistance of licensed medical staff:
I am traveling to an area where there is a moderate to high risk of the following illnesses (circle Yes/No)
Malaria: YES/NO Tƌaǀeleƌ͛Ɛ Diaƌƌhea͗ YESͬNO Typhoid: YES/NO
 Hepatitis A: YES/NO Yellow Fever: YES/NO

Other known illness risk: ____
I have received counseling and or preventative treatment for the above identified risks.
Traveler Signature: ____ Date: ________________
Vaccine Certification
I ceƌƚifǇ ƚhaƚ ƚhe Ɖaƚienƚ͛Ɛ ǀaccine ƌecŽƌd ƌeflecƚƐ aƉƉƌŽƉƌiaƚe baƐeline cŽǀeƌage fŽƌ ƚhe aƌea Žf ƚƌaǀel
(including major relevant childhood vaccinations and any vaccines required by the destination of travel (e.g.,
Yellow Fever).
RN/NP/MD/DO/PA Signature___________________________ Printed Name__________________________
Date: __________________
Provider Certification (to be completed by a Physician, Nurse Practitioner, or Physician’s Assistant)
ͺͺͺͺͺ I haǀe ƌeǀieǁed ƚhe ƚƌaǀeleƌ͛Ɛ ƉhǇƐical and menƚal health history form (part A) and see no medical
condition or disability that would prevent the student from full participation in the travel plan as described by
the student:
ͺͺͺͺͺI haǀe ƌeǀieǁed ƚhe ƚƌaǀeleƌ͛Ɛ ƉhǇƐical and menƚal healƚh hiƐƚŽƌǇ fŽƌm and I recommend the following
accommodations, actions, or specialist letters in order to allow participation in the travel plan:
____
____
____
ͺͺͺͺͺ I haǀe ƌeǀieǁed ƚhe ƚƌaǀeleƌ͛Ɛ ƉhǇƐical and menƚal healƚh hiƐƚŽƌǇ fŽƌm and haǀe ƌeaƐŽn to be concerned
abŽƵƚ hŽǁ ƚhiƐ ƉeƌƐŽn͛Ɛ ƉhǇƐical Žƌ medical cŽndiƚiŽn maǇ be affecƚed bǇ ƚhe ƚƌaǀel Ɖlan aƐ deƐcƌibed bǇ ƚhe
student. I do not recommend this travel.
Provider Name: ___________________________
Provider Signature__________________________