

**Travel Detail Worksheet**  
**Magers Health & Wellness Center**  
**715 S Florence Ave**  
**Springfield, MO 65897**  
**Phone 417-836-4000**  
**Fax 888-586-1348**

**Name:** \_\_\_\_\_

**M-Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The information you provide on this form allows the Magers Staff to prepare for your upcoming Travel Visit and assess your immunization and other travel needs.

Return the completed form, along with the most current copy of your immunization record, to Magers Health & Wellness Center by fax (888-586-1348) or email to **MagersMedicalRecords@missouristate.edu** as an attachment. Once we receive the completed form and immunization records, the staff will call you to schedule your appointment. Please note the visit may take up to 1 hour.

Submit copies of your immunization records. This should include childhood to present, including any additional shots you may have had since originally turning in your records upon entrance to the Missouri State University.

**Please complete all of the following sections:**

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

Purpose of trip (check all that apply)

- ☐ Organized group travel    ☐ Independent travel  
☐ Vacation    ☐ Education/research    ☐ Visit friends or family  
☐ Missionary/volunteer/humanitarian    ☐ Work    ☐ Other

**Will you be:**

Visiting areas that are:

Rural    ☐ Yes    ☐ No    ☐ Not sure

Urban    ☐ Yes    ☐ No    ☐ Not sure

Primitive or remote    ☐ Yes    ☐ No    ☐ Not sure

Ascending to high altitudes (8,000 ft. or higher)?    ☐ Yes    ☐ No    ☐ Not sure

Working with potential exposure to body fluids (e.g., medical or dental work)?    ☐ Yes    ☐ No    ☐ Not sure

Working with animals or insects?    ☐ Yes    ☐ No    ☐ Not sure

Doing fieldwork?    ☐ Yes    ☐ No    ☐ Not sure

Potentially having new sexual partners?    ☐ Yes    ☐ No    ☐ Not sure

**Accommodations** (check all that apply):

- ☐ Resort/large hotel    ☐ Small hotel/guest house/B&B    ☐ Cruise ship    ☐ Private home  
☐ Primitive camping    ☐ Up-scale camp/lodge    ☐ Dormitory/ hostel    ☐ Other

**All planned destinations:**

Country and Cities in Order of visit	Arrival Date	Departure Date

Is a physical exam required for your travel? ☐ Yes ☐ No

Additional questions or concerns about your travel: \_\_\_\_\_

*Please be prepared to discuss chronic medical conditions and other health concerns with your provider during the visit. Remember to submit your current immunization records with this form. For additional information, visit the CDC @ <https://wwwnc.cdc.gov/travel>*

*If you have any questions, please call Magers Health & Wellness Center @ 417-836-4000*