

Date:

To: NIH Employees

From: Medical Director
Occupational Medical Service

Subject: Travel Immunizations

Employees going on work-related foreign travel with NIH travel orders may receive immunizations and medications from the Occupational Medical Service (OMS) based on their itinerary, immunization history, and current CDC recommendations. Please complete the attached "Travel Immunization Request" promptly and fax it to 402-0673 or bring or mail the request to the OMS clinic, Building 10, Room 6C306. A nurse will review the information and contact you directly regarding the recommended immunizations and/or medications. At that time an appointment will be made to start immunizations and/or travel medications.

In order to ensure a review of your **Travel Immunization Request** in time, this form should be submitted at least 2 weeks prior to your last day at NIH. You may require several immunizations over a number of weeks in order to achieve an appropriate level of protection. In the event you become ill or injured while on official travel or a travel-related medical problem develops after you return home, make an appointment at OMS to report the occurrence so that appropriate Workers' Compensations forms can be completed.

James M. Schmitt, M.D., M.S.

**TRAVEL IMMUNIZATION REQUEST FORM
FOR WORK-RELATED TRAVEL ONLY**

To Be Completed By Traveler

Name: _____ SSN (last four digits): _____
 Institute: _____ Bldg/Rm: _____ Office Phone: _____
 Have you previously visited OMS? No Yes Date of last visit: _____
 Last day at NIH prior to departure: _____ (mm/dd/yy)

Please list destination countries in chronological order. Specify city and any work-related side trips (jungle, rivers, etc.)

| COUNTRY / CITY | DATES |
|----------------|-------|
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Medical History

Drug Allergies: _____
Write "none" if applicable.

Current Medical Problems: _____
Write "none" if applicable.

Current Medications: _____
Write "none" if applicable.

Currently pregnant or breastfeeding? Yes _____ No

Immunization History

On file in OMS

or

Provide dates of most recent vaccination/test

Tetanus (Td/Tdap) _____ Yellow Fever _____ Hepatitis A (2*) _____
 Meningococcal _____ Typhoid _____ Hepatitis B (3*) _____
 Influenza _____ MMR (2*) _____ Varicella (2*) _____
 Polio (adult booster injection) _____ TB skin test (PPD) _____

* Number of vaccinations required to complete the series

Please submit completed form to OMS at least two weeks prior to travel – Fax: 301-402-0673
 Forms will be processed without travel orders, however a copy of the Authorized orders must be submitted when ready.