



1707 N. Mills Avenue Orlando, Florida 32803
 Phone (407) 647-3960 Fax (844) 689-2614

Travel Medicine

Please bring ALL immunization records, and a complete list of medications with you to your visit.

Date: _____ How did you hear about our center? _____

PERSONAL INFORMATION

Name: _____ DOB: _____
 Last First Middle

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Travel Details

Destination (city and country)	Duration of Stay

Date of Departure: _____ Length of Stay: _____

What is the nature of travel?

- Living / Working or study abroad / Research
- Tourism / Leisure recreation
- Adventure Recreation (camping, trekking, rafting, contact with wild life)
- Visiting Friends or Family
- Other - Please describe purpose of trip: _____