



### TRIP LEADER INTERNATIONAL TRAVEL INFORMATION FORM

The purpose of this form is for TRIP LEADERS (or their representative) to provide information about upcoming trips to developing countries where JMU students and/or faculty/staff will be participating. This information will allow the UHC to inform trip leaders of the CDC recommendations to minimize health risks. If you are unsure whether or not your trip is to a location where specific precautions are recommended, please fill out the form and the UHC will let you know. This form should be submitted as soon as the trip has been confirmed.

**Trip leader(s) and others as points of contact for travel medicine information:**

Name	Preferred contact email

**Dates of trip** (leaving from until return to the United States):

Date leaving the US	
Date of return to the US	

**Travel itinerary:** Please be as specific as possible to include any layover of 12 or more hours. Include all locations within a country (city, town, or province/state) where you will spend at least one night. Include dates in each location if available.

Country	City, town, or province/state	Dates in this location (>24 hr)

Estimated number of participants: \_\_\_\_\_

Is there interest in a pre-trip group meeting to provide pertinent health information tailored to your trip?

Yes:  (If Yes, Provide suggested dates and times for such a presentation)

- Dates:
- Times:

No:

**Email to the University Health Center, [healthctr@jmu.edu](mailto:healthctr@jmu.edu)**