International & Off-Campus Programs

TRAVEL MEDICINE CONSULTATION
CONFIRMATION FORM

Hamline University requires that all study abroad participants traveling internationally must complete a travel medicine consultation with a certified physician or medical professional and submit proof of the visit to the IOCP Office no less than two weeks before departure. Failure to complete a travel medicine consultation may result in non-coverage by the EIIA Travel Insurance policy that Hamline has for all international programs.

A travel medicine consultation is NOT a visit to your regular physician to get a certificate of health. A travel medicine consultation must:

- Include information about health risks associated with your travel destination
- Provide information about recommended/required immunizations,
- Include information about what to do if sick while traveling, and
- Cover your current health status as well as special health needs, recent illnesses, injuries, and/or surgeries.

Call 2 – 3 months before departure to make an appointment, as appointment slots in many clinics are limited and fill quickly. Remember that your visit must be completed and this form must be received in the International & Off-Campus Programs Office no less than two weeks before your scheduled departure. PLEASE NOTE THAT THE HAMLINE INTERNATIONAL EMERGENCY INSURANCE POLICY MAY DENY YOU COVERAGE IF YOU DO NOT COMPLETE A TRAVEL MEDICINE CONSULTATION AND SUBMIT THE CORRECT PAPERWORK TO THE INTERNATIONAL & OFF-CAMPUS PROGRAMS OFFICE.

For more information or for a list of clinics that deal specifically with international travel, please see the Hamline Study Abroad website at www.hamline.edu/studyabroad. Follow the “Travel Medicine” link.

There may be a limited number of appointments available on the Hamline Campus through Health Partners; call the Health Partners hotline to check availability. You may choose to attend a clinic in another network, provided it has travel medicine consultations with a certified physician or medical professional.

Name of Traveler: ___________________________________________ Hamline ID: __________________

Travel Destination/Term: _______________________________________________________________________________________

Clinic Name & City: ___________________________________________ Clinic Phone: __________________

Travel Medicine Consultation Provider: _______________________________________________________________________________

Provider Signature: ___________________________________________ Date: __________________________

Attach a copy of your immunization record(s) and submit to the International & Off-Campus Programs Office:

Mailing Address: 1536 Hewitt Avenue MS-C1927, Saint Paul, MN 55104-1284
Physical Address: 742 Snelling Avenue North, Saint Paul, MN 55104-1284
Fax Number: 651-523-2497