

Bowdoin College Travel Health Questionnaire

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Email: _____ Phone: _____

Primary Care Provider/Phone: _____

Preferred Pronouns: _____

Travel Itinerary:

Departure Date: _____ Return Date: _____

Departing From: _____

Destinations (list all, including layovers and side trips): _____

Returning From: _____

Travel Program/Organization: _____

Purpose of Travel: Study Abroad Leisure Business Visiting Friends / Relatives

Volunteering Other: _____

Travel Activities: Tourism Camping/Backpacking Hiking/Trekking Biking Disaster Relief

High-Altitude Activities

