National Aeronautics and Space Administration

Medical Clearance for International Travel

(REFERENCE: NPR 1810.1, "Health Services for International Travel or Assignment" w/Change 1, 10/22/03)

NAME	DATE OF BIRTH	NASA ORGANIZATION CODE	CONTRACTOR CODE

PROJECTED ITINERARY

ANTICIPATED DATES		COUNTRY	CITY/REGION	DURATION *(INCLUSIVE DATES)*
DEPARTURE	RETURN			

IMMUNIZATIONS *(PER CDC)*

	REQ	REC	LAST RECEIVED	DATE OF BOOSTER
YELLOW FEVER				
TETANUS/DIPHTHERIA *(TD)*				
MEASLES *(OR MMR)*				
POLIO				
TYPHOID ☐ *ORAL* ☐ *INJECTION*				
HEPATITIS A SERIES				
HEPATITIS B SERIES				
MENINGOCOCCUS				
VIRAL ENCEPHALITIS				
HUMAN IMMUNE GLOBULIN				
OTHER:				
TUBERCULOSIS SCREENING *(PPD)*			ADM _____ READ _____	☐ POS ☐ NEG

	MEDICATION	DOSE	REGIMEN/DURATION
MALARIA PROPHYLAXIS →			
TRAVELER'S DIARRHEA →			

TRAVELER'S HEALTH SUMMARY

SIGNIFICANT PAST OR PRESENT MEDICAL CONDITIONS PERTAINING TO THIS TRAVEL	KNOWN ALLERGIES
	CURRENT MEDICATIONS *(Rx & OTC)*

EVALUATION BY TRAVELER'S PERSONAL MEDICAL DOCTOR (PMD)? ☐ YES ☐ NO IF YES, DOCTOR'S NAME: _____

IS A WRITTEN COPY OF THE EVALUATION IN THE H.U. CHART? ☐ YES ☐ NO

PMD CLEARANCE WITH SUPPORTING DOCUMENTATION ATTACHED AND REVIEWED? ☐ YES ☐ NO

MEDICALLY CLEARED FOR THIS TRAVEL? ☐ **YES** ☐ **NO**

TRAVELER'S NAME	TRAVELER'S SIGNATURE	DATE