Released 04/29/99.

TRAVEL IMMUNIZATION REQUEST FORM

TO BE COMPLETED BY TRAVELER

Date of Request _____

SS# _____

Employee's Name _____

Institute _____ Building _____ Room No. _____

Office Phone _____ Date of last day at NIH Prior to Departure _____

Countries to be Visited (specify city or rural areas, any side trips, jungle, river, etc., in chronologic order) _____ Dates _____

History of Previous Immunization

Type _____ Dates _____

Signature of Traveler _____