



Welcome to
UNIVERSITY OF UTAH
INTERNATIONAL TRAVEL CLINIC

Phone: 801-801-581-2898 Fax: 801-585-7315
50 N Medical Dr. Salt Lake City, UT 84132

University of Utah Health's Travel Clinic is the most comprehensive travel medicine and immunization clinic in the state of Utah. Our clinic has a team of certified nurses and infectious disease specialists with extensive experience in travel health. Our physician run clinic specializes in providing preventive medical care for international travelers (including large groups) such as vaccinations, prescriptions, and education to stay safe and healthy while traveling abroad. We provide protection from diseases including typhoid, malaria, hepatitis A and B, yellow fever, rabies, polio, diphtheria, typhoid, meningitis and the most common illness, travelers' diarrhea. We do all of our vaccines and prescriptions during our specialized consults. In our consults our certified nurses are dedicated to providing the traveler with comprehensive care before and after a trip. In addition to vaccine information, travelers will be educated on a full range of other services

- Region specific information of traveler's itinerary and current health risks, personal protection measures, food and water safety tips, high altitude sickness, motion sickness, recreational activities, traveling while pregnant, and jet lag
- A detailed, computerized traveler's report tailored to your itinerary including current information on risk of disease, political concerns and safety concerns for each country
- Validated International Certificates of Vaccination
- Post-travel care

Our goal is to help you have a safe and enjoyable experience this summer. To assist you with this, Youthlinec has arranged for you to come in groups to the International Travel Clinic and receive pre-travel education along with vaccinations and/or prescriptions you may need. We know that your time is valuable, so in order for us to see you in these large groups and keep to the time schedule, the following list **must be completed**.

- 1) **Every** Youthlinc participant who attends the Travel Clinic **must complete** online registration, even if you are only coming for the education session. Please go to <https://healthcare.utah.edu/travelclinic/> and click on the Youthlinc tab to complete the online Pre Travel Forms. Because these forms take time to register in our system, they must be completed by **January 20, 2019**. If you arrive to the Travel Clinic without having pre-registered, you will be seen by our specialists **after** those who have completed the registration by the deadline.
- 2) Minors attending Youthlinc **must** have the Consent to Treat Form (on page 6) signed by a parent or guardian with them at check-in on day of the appointment. If you do not bring it with you, you will not be treated for preventative care.
- 3) If you have medical insurance, **you** need to contact them and find out which vaccines are covered and if University Healthcare is in network (vaccine prices and CPT codes are listed on page 4). Yellow Fever (Peru & Kenya) can only be given at a licensed clinic; it cannot be given at your regular doctors' office.
- 4) Peru and Kenya groups: Please see page 5
- 5) On the day of the Travel Clinic, every Youthlinc participant who attends **must check-in** before going to the education session. Participants will be processed 1st come, 1st serve via number/color method. You will be assigned a number as you check in and will be seen **after** the presentation in the order of your assigned number/color. Please be patient, it takes time to process 75-90 people.
- 6) Check-in starts 60 minutes prior to your group time. The lecture/teaching session will start **promptly** and if you are too late, you may not be admitted and may not receive your prescriptions/vaccinations with your group.
- 7) If you absolutely cannot come with your group, but want to come at another time, please talk to us first so we can see if we can accommodate you. All participants seen at an individual appointment will be charged \$65 for the consult fee at the time of check-in.
- 8) You can come to the education session and not get any vaccinations or you can make a return appointment to get vaccinations later if that fits your schedule better.

We want you to have an excellent experience both here and on your trip!!!

Immunization Recommendations

If you have medical insurance, **you** need to contact them and find out which vaccines are covered and if University Healthcare is in your network (please see page 4 for codes and prices). Below is a list of travel immunizations you **may** be receiving at your visit.

Everybody should be up to date on their routine vaccines:

- **Tdap/Td**- tetanus, diphtheria, and pertussis (whooping cough) is good for ten years. Tdap vaccine is preferred.
- **MMR**- measles, mumps, and rubella is a two shot series and is good for life.
- **Chicken Pox**- either had the disease or a two shot varicella series which is good for life.
- **Influenza**- recommended to receive a yearly flu shot as the influenza virus rapidly changes.
- **Polio**- childhood polio shots (4 or 5)

Additional travel vaccines you may be receiving at your visit:

- **Typhoid**- The injectable is good for two years and the oral is good for five years
- **Hepatitis A**- Two shot series. The second dose is recommended six months after the first dose. After receiving the second dose, it is good for life. Note: you do not have to receive the second dose before traveling.
- **Hepatitis B**- Three shot series. The second dose is given a month after the first dose and the third dose is recommended five months after the second dose. After receiving the third dose, it is good for life. Note: you do not have to receive the third dose before traveling.
- **Hepatitis A/B**- Hepatitis A/B is a three shot series. The second dose is given a month after the first dose and the third dose is recommended five months after the second dose. After receiving the third dose, it is good for life. Note: you do not have to receive the third dose before traveling.
- **Japanese Encephalitis**- Japanese Encephalitis is a two shot series. The second dose is given either 7 days or 28 days after the first dose. The immunization is good for two years. ***Cambodia and Thailand groups only***
- **Rabies**- The pre-series rabies immunization is a three shot series. **Dose 1:** as appropriate, **Dose 2:** 7 days after dose 1, **Dose 3:** 21 days or 28 days after dose 3
- **Yellow Fever**- The shot is good for life. Please see page 5 for more information. ***Kenya and Peru groups only***
- **Malaria Prevention**- We will discuss the risk of malaria based on your itinerary at the time of the education and will prescribe a medication to your preferred pharmacy if necessary.



Vaccines Prices and CPT Codes

Below is the list of our vaccine prices and codes. When calling your insurance company, give the company our TAX ID #471497384 and CPT code for each vaccine for verification of coverage. The prices listed below are our out of pocket prices. We do bill insurance at a higher price and if you choose to bill your insurance company and they respond stating that they do not cover for the vaccine(s), you can call our billing department at 801-587-6303 and they will apply the self-pay discount. *Prices **may** change slightly by February, in which case we will notify you of the updated prices*

We recommend contacting your insurance to verify that our physicians are in network. If only one or two of our physicians are in network, please let our scheduler know so we can assign you the appropriate physician.

1. Dr. Lowell Scott Benson NPI # 1497925788
2. Dr. Daniel Leung NPI # 1104936731
3. Dr. Jakrapun Pupaibool NPI# 1366690844

UUHC VACCINE	CPT CODE	PRICE
HEPATITIS A VACCINE (ADULT, 2 DOSE)	90632	\$70.00 ea
HEPATITIS A VACCINE (PEDIATRIC, 2 DOSE)	90633	\$35.00 ea
HEP A/HEP B VACCINE (TWINRIX, 3 DOSE)	90636	\$105.00 ea
HEPATITIS B VACCINE (ADULT, 3 DOSE)	90746	\$55.00 ea
HEPATITS B VACCINE (PEDIATRIC, 3 DOSE)	90744	\$35.00 ea
TYPHOID VACCINE ORAL (4 CAPSULS)	90690	\$84.00
TYPHOID VACCINE (INJECTION)	90691	\$95.00
YELLOW FEVER VACCINE	90717	\$162.00
JAPANESE ENCEPHALITIS VACCINE (2 DOSE)	90738	\$375.00 ea
MMR VACCINE (MEASLES-MUMPS-RUBELLA)	90707	\$85.00
POLIOVIRUS VACCINE	90713	\$44.00
PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PNEUMONIA)	90732	\$110.00
MENINGOCOCCAL VACCINE (MENENGITIS)	90734	\$140.00
INFLUENZA	90662	\$30.00
Td (TETANUS-DIPHTHERIA)	90714	\$37.00
Tdap (TETANUS-DIPHTHERIA-PERTUSSIS)	90715	\$49.00
RABIES (3 DOSE)	90675	\$360.00 ea
UNIVERSITY OF UTAH TAX ID NUMBER: 471497384		

Yellow Fever Information

When traveling to Peru and Kenya, precautions should be taken to help protect against Yellow Fever. Due to a national shortage of the Yellow Fever vaccine, our clinic is currently using Stamaril, a vaccine which protects against the yellow fever virus. As Stamaril is imported from Europe, we are required to administer it under a study. In addition to the requirements on page 1, you are also required to do the following:

1. An informational packet **must** be read before receiving the vaccine. This packet will go over all the information you will need to know about Stamaril.
2. There is an additional consent form for participants receiving Yellow Fever. The Yellow Fever consent form will be given to you the day of the group session (Minors will also need to have the consent form below signed prior to check-in)
3. For participants 17 and under, both participant and parent/guardian must sign the Yellow Fever consent forms at the time the vaccine is given. Because of this, **all minors** traveling to Kenya or Peru **must have a parent present** at the Travel Clinic in order to receive the Yellow Fever vaccination that day.
4. Consent forms **cannot be pre-signed**. You must sign the consent at the time of vaccination.
5. If this is not possible, a return appointment can be made to receive the vaccine.

Consent to treat form

Yes, I (name of parent/guardian) _____ give permission that my child _____ may sign the Patient Conditions of Admission and Treatment form for himself/herself.

No, I (name of parent/guardian) _____ do **not** give permission that my child _____ may sign the Patient Conditions of Admission and Treatment form for himself/herself.

Yes, I (name of parent/guardian) _____ give permission for the University of Utah Health Care to provide my child _____ with necessary travel vaccines and medication for Malaria and travelers' diarrhea.

No, I (name of parent/guardian) _____ do **not** give permission for the University of Utah Health Care to provide my child _____ with the necessary travel vaccines and medication for Malaria and travelers' diarrhea.

Parent's Signature _____

Date _____