

# Traveler's Clinic



REQUEST FOR SERVICES

FORM EFFECTIVE 6/6/2016

The University's Academic Division Employees are provided services under the UVA Traveler's Clinic and UVA pharmacy program through UVA-WorkMed. This service provides to **Full time salaried and benefit-eligible** UVA employees a professional evaluation, immunizations and medications required for work-related travel. Each Travel Clinic form must be an **original form** and not a photocopy of an old trip just updated with dates. This benefit **does not** apply to the following groups:

\*Medical Center employees, \*Adjunct faculty \*Non-UVA Employees (co-travelers)

\*GME trainees, \*Vast majority of Semester at Sea participants \*Wage/Temp Employees

**Traveler** please complete the following steps to ensure your pre-travel protocols are completed timely:

- ✓ Ensure the all fields and signatures are completed prior to faxing this form to WorkMed, 434-243-0078 otherwise you will be responsible for all Clinic charges
- ✓ Once above step is complete make an appointment with the Travel Clinic Providers at 434- 982-1700: Dr. Erik Hewlett, Dr. Richard Pearson, Dr. Tania Thomas
- ✓ Be sure to take this completed, original form with you to your Travel Clinic appointment and present it at the clinic registration
- ✓ Visit the UVA Pharmacy for any approved vaccination/immunizations
- ✓ Be sure to take this completed, original form with you to the UVA Pharmacy
- ✓ If you have any questions about the program and eligibility contact the HR Service Center at 434-982-0123

Approved Pharmacy vaccination/immunizations: Malarone, Doxycycline, Mefloquine, Chloroquine, Ciprofloxacin, Azithromycin, Rifaximin, Scopolamine, Acetazolamide, **maybe** Truvada + Raltegravir, Typhoid oral vaccine

**ATTN TRAVEL CLINIC AND PHARMACY:** This appointment is being paid by UVA WorkMed.

**Register priority 1 to A92 account. DO NOT REGISTER TO COMMERCIAL INSURANCE.**

Employee Name \_\_\_\_\_ Employee date of birth \_\_\_\_\_

Department and Address \_\_\_\_\_

Email \_\_\_\_\_

Travel dates \_\_\_\_\_

Travel location \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Department Approving Manager: agrees this is work related travel and this traveler is eligible based on the above criteria. (Please print): \_\_\_\_\_

Department Approving Manager signature: \_\_\_\_\_

For billing questions once services have been provided, contact the Traveler's Clinic at 434-982-1700