Department of Health & Human Services

Public Health Service
National Institutes of Health
Bethesda, Maryland 20893

Date:
To: NIH Employee
From: Medical Director Occupational Medical Service, DOMS
Subject: Travel Medications and Immunizations

The Occupational Medical Service (OMS) provides medical support for NIH employees who travel to foreign countries for work-related purposes. The medical support consists of medications, immunizations, and recommendations for safe travel gleaned from CDC and State Department advisories.

If you believe that you are eligible and interested in receiving this service, you must complete and return the enclosed Travel Immunization Request form and submit copies of your NIH travel orders.

You may require several immunizations over a number of weeks in order to achieve an appropriate level of protection; so please complete and return the form as soon as possible. At a minimum, OMS should receive the form two weeks prior to your last work day before your trip. You can fax the form to OMS (301-402-0673) or have it delivered to the clinic (10 Center Drive, Room 6C306, MSC 1584). A nurse will review the information and call you to discuss medical recommendations and schedule an appointment for you to visit the clinic.

Please note: OMS will not be able to dispense travel-related medications or administer immunizations until you produce a copy of your NIH travel orders.

In the event you become ill or injured while on official travel or a travel-related medical problem develops while on travel or after you return home, you should report the occurrence to OMS. You will be offered a medical evaluation and be provided with appropriate guidance to file a Workers' Compensation Claim.

If you have any questions, please call 301-496-4411.

Thank you,

Heike Bailin, MD

TRAVEL IMMUNIZATION REQUEST FORM
FOR WORK-RELATED TRAVEL ONLY

To Be Completed By Traveler

Name: _____ NED ID No. _____

Institute: _____ Bldg/Rm: _____ Office Phone: _____

Have you previously visited OMS? No ☐ Yes ☐ Date of last visit: _____

Last day at NIH prior to departure:_____ (mm/dd/yy)

Please list destination countries in chronological order. Specify city and any work-related side trips (jungle, rivers, etc.)

COUNTRY / CITY	DATES (From)	(To)

Medical History

Drug Allergies: _____
Indicate "none" if applicable.

Current Medical Problems: _____
Indicate "none" if applicable.

Current Medications: _____
Indicate "none" if applicable.

HEIGHT_____ WEIGHT_____ Currently pregnant or breastfeeding? Yes ☐ No ☐

Immunization History

On file in OMS ☐
or
Provide dates of most recent vaccination/test

Tetanus (Td/Tdap) _____ Yellow Fever _____ Hepatitis A (2*) *#1* _____ *#2* _____

Meningococcal _____ Typhoid _____ Hepatitis B (3*) *#1*_____ *#2* _____ *#3* _____

Influenza _____ MMR (2*) *#1* _____ *#2* _____ Varicella (2*) *#1* _____ *#2* _____

Polio (adult booster injection) _____ TB skin test (PPD) _____

COVID _____ * Number of vaccinations to complete the series

Please submit completed form to OMS at least two weeks prior to travel – Fax: 301-402-0673
Forms will be processed without travel orders, however a copy of the Authorized orders must be submitted when ready.