

Carilion Clinic Infectious Disease
2001 Crystal spring Ave, Ste 301
Roanoke, VA 24014
540-981-7715

Trainee Name: _____

International Rotation Dates: _____

Country: _____

Dear Dr. Ollendorff,

This letter is to verify that the trainee named above was seen in the Carilion Travel Clinic on this date in anticipation of his/her out rotation to the country listed. He/she received the appropriate, indicated immunizations and travel advice as follows:

Vaccine	Reqd	Rcvd
Hepatitis A		
Hepatitis B		
Typhoid		
Yellow Fever		
Influenza		
MMR booster		
Polio booster		
Tdap booster		
Covid		

Advice	Rcvd
Insect repellent	
Safe and potable water	
Traveler's diarrhea	
Sunscreen	
Malaria prophylaxis	
Altitude sickness prevention and management	

If you have any questions, please contact the Carilion Travel Clinic.

Sincerely,

Printed Name

Date of Visit

Signature