



**SCHOOL OF  
MEDICINE**

Office of Global Health Education  
3319 Roper Hall, Campus Box 9535  
Chapel Hill, North Carolina 27599-9535  
Phone: (919) 962-6195 [oghe@med.unc.edu](mailto:oghe@med.unc.edu)

## **Confirmation of Clinic Visit for Travel Health Consultation**

Date of Appointment:

Last Name(s):

First Name(s):

Travel Destination(s) *[Please list all countries and cities you plan to travel to/through]:*

Estimated Travel Dates:

Clinic Name:

Clinic Contact Information:

Clinician Name and Credentials:

*This letter confirms that the student named above received travel health consultation for their upcoming global health elective with UNC School of Medicine.*

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Signature and Credentials of Clinician

*Return this form via email to [oghe@med.unc.edu](mailto:oghe@med.unc.edu) or drop off in the Student Portal (Roper 3<sup>rd</sup> floor concierge desk/OGHE office 3319 Roper Hall)*