Frederick National Laboratory
for Cancer Research

International Travel Consultation Record

Please type or print information clearly

Please complete and send to OHS, NCI-FrederickOHS@mail.nih.gov

Traveler's Information

1. Date of Request	2. First Name	3. Last Name
4. Employee Number	5. Location (i.e., NCI at Frederick, NIH Bethesda, Toll House)	

6. Building Number	7. Room Number	8. Telephone Number	9. Fax Number

10. Purpose of Travel ☐ Work Related ☐ Personal	11. Date of Last Day at NCI at Frederick Prior to Departure

Please list countries in chronological order and specify city or rural areas, side trips, jungle, river, etc.

12. City/Country	13. Dates

For Official Use Only

14. Medical Consultation in OHS ☐ Completed ☐ Scheduled	
15. Signature	16. Date
17. Security Consultation Completed	
18. Signature	19. Date

Clear Form | Print Form Only | Print Form and Instructions

International Travel Consultation Record – Instructions

1. Date traveler is making this request.
2. First name of traveler.
3. Last name of traveler.
4. Employee number of traveler.
5. Location of traveler (i.e., NCI at Frederick, NIH Bethesda, Toll House).
6. Building number of traveler.
7. Room number of traveler.
8. Telephone number of traveler.
9. Fax number of traveler.
10. Indicate the purpose of travel by checking the box for either work related or personal.
11. Date of last day at NCI at Frederick prior to departure.
12. List countries in chronological order and specify city or rural areas, side trips, jungle, river, etc.
13. List dates for travel in chronological order for specified city or rural areas, side trips, jungle, river, etc.
14. Official use – Check the appropriate box to indicate whether a medical consultation in OHS has been either completed or scheduled.
15. Official use – signature of individual indicating information about the medical consultation in OHS.
16. Official use – date the individual provided signature to indicate information about the medical consultation in OHS.
17. Official use – security consultation completed.
18. Official use –signature of individual indicating information about the security consultation.
19. Official use – date the individual provided signature to indicate information about the security consultation.