

Application to Become a GeoSentinel Affiliate Member

GeoSentinel is cooperation between International Society of Travel Medicine (ISTM) and the Centers for Disease Control and Prevention (CDC) that utilizes travel/tropical medicine clinics for surveillance of emerging infections in individuals who have crossed international borders and have an illness that is likely to be travel-related. Participating GeoSentinel affiliates see post-travel patients, immigrants, and/or refugees, and alert GeoSentinel of any potential outbreaks in their region. This allows for the tracking of new and emerging travel related illness. GeoSentinel provides formal reports with aggregated data to both the CDC and GeoSentinel sites. GeoSentinel affiliates may also participate in requests to investigate urgent public health queries regarding emerging infectious diseases.

Before completing this form, please be sure you've submitted the GeoSentinel Affiliate Member Registration, available on our website. In order for us to evaluate the potential of your participation, please fill out the form below and forward the following information to us:

1. Your site by location, institution, number and type of health care providers, and the predominant patient population served, with (1) an estimate of the annual number of (a) ill-travelers, (b) immigrants, or (c) refugees seen and (2) an estimate of annual number of post-travel cases of typical tropical diseases (e.g., malaria, schistosomiasis, dengue, parasitic diarrhea).

Location: _____

Institution: _____

No. and type of health care providers: _____

Population served: _____

No. ill travelers: _____ No. immigrants: _____ No. refugees: _____

No. of post-travel tropical diseases and common types seen:

2. Details of any previous experience with surveillance systems (CanTravNet, TropNet, etc).

3. Name(s) of additional clinicians who might participate as GeoSentinel Affiliate Members.

PLEASE PRINT OR TYPE ALL INFORMATION. List your name as it should appear on all correspondence. Include titles (e.g., Ph.D., M.P.H., Prof., Dr., M.D., R.N., Mr., Mrs.). Telephone and fax numbers, please include country code and area or city codes.

Last Name: _____ First Name: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

E-Mail: _____

Phone: _____ Fax: _____

Do you work at a travel clinic? Yes No

Clinic Name: _____ Clinic Web Site: _____

Are you a current member of the International Society of Travel Medicine (ISTM)? Yes No

How did you hear about GeoSentinel? _____

Name of personal referral? _____

Please submit this form AND your clinic summary via mail, fax, or e-mail to:
ISTM GeoSentinel Program Manager

1200 Ashwood Parkway, Suite 310, Atlanta, GA 30338 USA

Phone: +1.404.373.8282 Fax: +1.404.373.8283 Email: GeoSentinel@ISTM.org

The GeoSentinel Project Leadership Team will promptly review your submission and notify you of their decision.

If you have any questions, please email the GeoSentinel Program Manager as listed above. Thank you for your interest.