FOIA Number: 2018-0764-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

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Folder Title:
Admin - Travel - SLT - Malaria

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	11	3

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Medical prescription (Personal) (2 pages)	01/15/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19397

FOLDER TITLE:
Admin - Travel - SLT - Malaria

2018-0764-F
jm2142

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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ADMIN
Travel
SLT Malaria

require more than one dose. Immunization is not a substitute for practicing good hygiene.

The following immunizations are available: yellow fever, cholera, typhoid (live oral or inactivated), polio (live oral or inactivated), tetanus-diphtheria, measles, mumps, rubella, hepatitis A, hepatitis B, rabies, meningococcal, and Japanese B encephalitis. Gamma globulin is available for short-term prevention of hepatitis A. The George Washington University Travelers Clinic is authorized by the Public Health Service to validate certificates of vaccination for those immunizations and injections administered by the medical staff, and receives frequent updates on vaccination requirements.

What Should Travelers Know About Medical Care in Other Countries?

What can you do if you become ill while traveling?

1) The American Embassy or Consulate can provide names of English speaking physicians and hospitals. Other embassies, medical schools or American Express offices may also be helpful.
2) Be aware that potentially dangerous drugs may be found in cold and fever remedies or over-the-counter medicines in some countries. Foreign physicians may prescribe drugs not yet approved for use in the United States. Enterovioform is an antidiarrheal drug often prescribed in foreign countries but may cause blindness -- do not take it.
3) Except under extreme circumstances travelers should refuse any injected medications from physicians or pharmacists in any setting where needles may not be sterilized properly.

Diarrhea

Many travelers get diarrhea while abroad. Symptoms are generally mild, e.g. 2 to 4 stools per day, and symptoms usually subside in several days.

1) Seek medical attention if the following warning signs develop: severe abdominal pain and diarrhea, high fever, blood in the stool.
2) Diarrhea may be treated with Pepto-Bismol (2 tablespoons or 2 tablets every half hour for 8 doses) or antibiotics (if moderately severe).
3) Loperamide may decrease the number of bowel movements but should be used with caution, as it may make some intestinal infections worse. It may be safely taken with antibiotics.
4) Keep well hydrated by alternating sips from following solutions:

A: Fruit juice (canned or boiled)-8 oz.
Table sugar-1 tsp.
Table salt-1 pinch

B: Water (boiled)-8 oz.
Baking soda-1/4 tsp.

Air Travel

Most travelers tolerate air travel well.

1) Individuals with chronic heart or lung disease should consult their private physicians before air travel.
2) Time zones should be taken into consideration when dosing medications.
3) Stretching and walking for a few minutes every hour will help prevent circulatory problems.
4) Individuals with upper respiratory infections should take decongestants before travel.
5) A good initial night's sleep may help prevent jet lag.

Altitude

Altitudes of 8,000-10,000 feet can be tolerated by most people. In chronically ill or elderly individuals (or healthy people at higher altitudes) acute altitude sickness may develop. Symptoms may include headache, shortness of breath, weakness and confusion.

1) Altitude sickness can be prevented by making the ascent in 1-2 days.
2) Minimal exertion for the first 1-2 days is helpful.
3) Individuals at high risk may take acetazolamide (Diamox) for prevention of altitude sickness (unless allergic to sulfa).

Rev. 06/97

The George Washington University
WASHINGTON DC
MEDICAL CENTER

TRAVELERS CLINIC GUIDE

Travelers Clinic
2150 Pennsylvania Avenue, NW
Washington, D.C. 20037

(202) 994-4716

Preparation

1) Carry a letter from your doctor stating medical problems and listing dosages of medications. Wear a medic-alert medal identifying any physical or medical condition that may require emergency care.
2) Carry enough supplies of needed medication on board. Be sure prescriptions are labeled clearly with name and dosage of the drug. Anticipate travel delays and lost luggage.
3) If you wear glasses or contact lenses bring an extra pair or take your prescription with you.
4) Keep well hydrated and protected from the sun. Use sunscreen if necessary.
5) Bring along first-aid kit including some or all of the following: antacid or Pepto Bismol, antibiotic ointment, antidiarrheal medication (eg. loperamide/Imodium), aspirin or acetaminophen, adhesive bandages, insect repellents, hydrocortisone cream, malaria medication (if at risk), motion sickness tablets (optional), sunscreen, water purification tablets (eg. Potable-Agua)

Food and Water

The most frequent health problems associated with foreign travel are due to ingestion of contaminated food or water.

What foods are safe to eat?

1) Eat only fruits and vegetables that can be peeled or that have been cooked and are still hot. Avoid salads and other raw fruits and vegetables that have been prepared by washing in water.
2) Eat meat, fish, and poultry that have been well cooked. Do not eat these foods raw.
3) Avoid milk products, creamy sauces and desserts, and steam tables.
4) Fresh fruit or vegetables may be soaked in a solution of tincture of iodine (2%, 5-10 drops/quart) for 30 minutes prior to ingestion.

What beverages are safe to drink?

1) Drinks made from boiled water (coffee, tea, etc.).
2) Beer and wine.
3) Canned and bottled water and carbonated beverages are usually safe to drink.
4) All containers should be wiped thoroughly before opening and serving.
5) Use ice only from a safe water supply. Alcoholic beverages will not sterilize ice.
6) Use bottled water for brushing your teeth.

How can tap water be made safe for washing?

Water that is uncomfortably hot when it comes from the tap is safe for bathing. Cool to a comfortable temperature before using.

How can tap water be made safe for drinking?

1) Heat: boil water vigorously for 10 minutes and cool
2) Chemicals: water purification tablets such as Globaline or Potable-Agua should be added to water as directed on label. These tablets can be bought at most pharmacies and camping supply stores.
3) Tincture of iodine (2% 5-10 drops/quart) may be added. Let stand 30 minutes.

Contagious and Insect-related Illness

Potentially more serious problems include contagious and insect-related disease found in many parts of the world. Malaria is common in many areas of Africa, Asia and South America and therefore medication for prevention of malaria is essential when traveling to those countries. The G.W.U. Travelers Clinic receives frequent updates on areas where malaria is prevalent. Furthermore, preventive measures designed to minimize contact with disease-carrying insects may reduce the risk of acquiring malaria and other tropical illnesses transmitted by insects such as yellow fever, Japanese B encephalitis, and dengue.

1) Insect repellents keep off mosquitoes and biting insects. Supplement these with clothing repellents containing permethrin. Skin repellents should contain at least 30% diethyltoluamide (DEET).
2) Stay indoors when mosquitoes are out - dawn and dusk.
3) Wear protective clothing - long sleeves and trousers.
4) Sleep under mosquito netting.

In many areas of South America, the Caribbean, Africa and Asia, fresh water lakes, ponds or streams contain a parasite which penetrates the skin and causes a disease called schistosomiasis. An itchy rash is often noted after exposure.

1) Do not swim in fresh water lakes, ponds or streams.
2) If itching is noted after such exposure, towel thoroughly and rub exposed areas with rubbing alcohol.
3) Salt water and chlorinated pools are generally safe.

Rabies is also prevalent in developing areas, so avoid contact with dogs, cats, raccoons and bats if possible.

AIDS

AIDS is now found in many countries throughout the world. It is caused by a virus that can be transmitted through sexual intercourse, infected blood transfusion, or use of contaminated needles or syringes. Hepatitis B may be transmitted in the same way. There is no evidence that it is transmitted by mosquitoes.

Prevention

1) Latex condoms are felt to be effective in preventing sexual transmission of AIDS, hepatitis, and venereal diseases.
2) Practice safe sex.
3) Avoid injections from physicians or pharmacists in any setting where needles may not be properly sterilized, and avoid blood transfusions unless you are certain the blood supply is safe.

Immunization

Immunization requirements vary depending upon the countries visited and in some cases are dictated by government regulation. Counseling should be obtained 2-3 months prior to departure as some immunizations

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
Travelers Clinic Information Sheet

MALARIA:

Malaria is caused by a blood parasite transmitted by mosquitoes. Symptoms include high fever, chills, sweats, headache and muscle aches. The incubation period may be one to three weeks, and symptoms may develop after you have left the malarious area. If symptoms develop, medical attention should be sought as soon as possible. It is very important to tell the examining physician that you have been in an area where malaria occurs.

Malaria must be considered life-threatening and one must take proper precautions to avoid it. It may be prevented by taking prophylactic medicine, staying indoors from dusk to dawn (when mosquitoes bite), wearing protective clothing, using insect repellents and sleeping under mosquito netting. Preventive medications should be taken as outlined below.

Malaria can be caused by four different parasites. One of these parasites Plasmodium falciparum (sometimes referred to as cerebral malaria) has become resistant to chloroquine, a drug which has been used to both treat and prevent malaria for many years. Chloroquine resistant malaria has been confirmed in all areas except the Dominican Republic, Haiti, Mexico, Central America west of the Panama Canal, Egypt, Morocco, and the Middle East.

The CDC recommends weekly Mefloquine for prevention of malaria in those areas with confirmed chloroquine resistant malaria. For those unable to take Mefloquine, the second choice is daily Doxycycline. A third option can be weekly chloroquine supplemented by daily Paludrin, which can only be purchased abroad.

Whatever prophylactic regimen is prescribed, it is crucial to take as directed, starting prior to potential exposure, continuing while in a malarious area and continuing for four more weeks after leaving the malarious area. The first dose of Mefloquine or chloroquine should be taken one week prior to potential exposure. Doxycycline can be started one day prior to exposure. All prophylactic regimens must be continued for four weeks following exposure. No drug regimen is 100% effective.

PROPHYLAXIS:

Chloroquine (Aralen):

Dose: One tablet (500 mg or 300 mg base) each week. Begin 1 week prior to arrival in the risk area. Continue once weekly while at risk and for 4 more weeks afterwards.

Side Effects: Chloroquine is usually well tolerated and may be taken

during pregnancy and nursing. Nausea occasionally develops. Itching may be noted in some individuals. It may exacerbate psoriasis.

Proquanil (Paludrin):

This medication may be useful in areas of drug resistance taken with weekly chloroquine. It is not yet available in the U.S., but may be available overseas. Inquire at the U.S. Embassy or Consulate.

Dose: One tablet (200 mg) daily.

Side Effects: Mild nausea, abdominal discomfort, loss of appetite.

Doxycycline (Vibramycin) (Avoid if allergic to tetracycline):

Dose: One tablet (100 mg) daily, Begin 1 day prior to arrival in the risk area. Continue daily while at risk and for 28 days afterwards. Take it with plenty of liquid; on a full stomach in the evening.

Side Effects: This is a long-acting tetracycline antibiotic. The most common side effect is photosensitivity. Skin rashes may occur, especially after exposure to the sun. Women may develop vaginal yeast infections, (and should carry an anti-yeast medication with them). It should not be taken by young children, pregnant or nursing mothers. Gastrointestinal side effects may occur including loss of appetite, nausea, diarrhea. In rare instances one may experience inflammation of the tongue Concurrent use of Doxycycline may render oral contraceptives less effective.

Mefloquine - (Lariam):

Dose: One tablet (250 mg) weekly. Begin 1 week prior to arrival in the risk area. Continue once weekly while at risk and for 4 more weeks afterwards. It is recommended that you take it with a snack prior to going to sleep.

Side Effects: Dizziness, nausea, vomiting, diarrhea. Temporary slowing of the heart rate may occur (1 in 14). Symptoms of disorientation, halluciation, anxiety, depression and impaired consciousness have been rarely reported. Convulsions have also been reported rarely, particularly when Mefloquine has been given prior to quinine treatment. This drug should not be used in individuals with a history of convulsions, a history of depression or other psychiatric problems, or with cardiac conduction abnormalities. Patients using calcium channel blockers should not take this drug. It cannot be used by pregnant women. Women who use it should avoid pregnancy for 2 months after the last dose.

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INSECT REPELLENTS

Insect repellents have been used on the skin for many years, primarily to prevent mosquito bites. With recent increased concern about Lyme disease, skin and clothing repellents are now also recommended for protection against ticks.

SKIN REPELLENTS — Currently available insect repellents for application to the skin (*Off!*; and others) are usually effective for one to several hours, but can be removed by absorption, evaporation, rain, sweating, swimming or wiping, and must be reapplied to maintain effectiveness. The most effective topical insect repellent known is N,N-diethyl-m-toluamide, commonly called "deet." Deet repels a variety of mosquitoes, chiggers, ticks, fleas and biting flies; no topical repellent is effective against stinging insects, such as bees and wasps. The US Armed Forces have long used 75% deet in ethanol, but several products that equal or exceed this concentration are now available commercially. A new long-acting deet formulation, which is expected to be available to the Armed Forces this summer and commercially available next year, contains 35% deet with an added polymer; the polymer apparently prevents loss of deet from the skin surface through absorption and evaporation.

Other repellents effective against both mosquitoes and ticks, but less so than deet, include 2-ethyl-1,3-hexanediol (Rutgers 612) and dimethyl phthalate. Citronella-based repellents (*Natrapel*; and others) may provide short-term protection against mosquitoes, but are probably not effective against ticks.

A CLOTHING REPELLENT — Permethrin, actually a pesticide rather than a repellent, is used for treatment of lice (*Nix* – Medical Letter, 28:89, 1986) and is also marketed as a clothing spray for protection against both mosquitoes and ticks. The aerosol is available in many areas of the USA as *Permanone Tick Repellent*, sold mostly in lawn and garden stores or sports stores. Manufactured by Fairfield American in Newark, NJ and distributed by Coulston International, Easton, PA, it is non-staining, nearly odorless and resistant to degradation by light, heat or immersion in water.

CLINICAL TRIALS — Mosquitoes – A field trial conducted with US Air Force volunteers in an area of Alaska with a large population of mosquitoes, but few mosquito-borne diseases, tested both the new 35% long-acting cream formulation of deet applied to exposed skin and permethrin treatment of clothing. The deet formulation provided greater than 99% protection for more than eight hours (a mean of four mosquito bites per person per hour), while a permethrin-treated uniform (0.125 mg/cm^2) alone provided 93% protection (78 mos-

quito bites/hour), compared to 1,188 bites per hour with no protection; using both deet on skin and permethrin on clothing provided 99.9% protection (one bite/ hour) (TH Lillie et al, J Med Entomol, 25:475, 1988). Another trial conducted in Pakistan eight hours after application of the same long-acting deet formulation found that the combination of deet and permethrin-treated clothing provided 100% protection from mosquito bites; long-acting deet repellent alone gave 89% protection (a mean of 3.9 bites), compared to 57% (14.8 bites) with treated clothing alone and 34.4 bites with no repellent (LL Sholdt et al, J Am Mosq Control Assoc, 4:233, 1988).

An earlier field trial in Australia had found two long-acting repellents (*3M Insect Repellent Lotion*, 33% deet; Biotek *Long-Acting Insect Repellent*, 42% deet) no more effective (56% and 61% protection over 14 hours) than the standard military formulation of 75% deet (54% protection) in preventing bites. Any one of the three used together with permethrin-treated clothing provided the most protection (74%, 82% and 80%) (RK Gupta et al, J Am Mosq Control Assoc, 3:556, 1987).

Ticks — A pressurized spray of 0.5% permethrin was compared with 20% and 30% concentrations of deet for use on military field uniforms in an area of Cape Cod infested with *Ixodes dammini*, the principal vector of Lyme disease (and babesiosis) in the northeastern USA. A one-minute application of permethrin provided 100% protection, compared to 86% and 92% protection with one-minute applications of 20% and 30% deet (CE Schreck et al, J Med Entomol, 23:396, 1986). Permethrin-treated clothing has also been effective against ticks found in California (RS Lane and JR Anderson, J Med Entomol, 21:692, 1984).

SKIN-SO-SOFT — A commercial concentrated bath oil, Avon *Skin-So-Soft*, has come into wide use as a "folk medicine" mosquito repellent. This product contains di-isopropyl adipate, mineral oil, isopropyl palmitate, dioctyl sodium sulfosuccinate, fragrance, and the sunscreen benzophenone-11. In one study, the bath oil did repel *Ae. aegypti*, the mosquito carrier of yellow fever (LC Rutledge et al, Mosquito News, 42:557, 1982) but, according to Medical Letter consultants, *Skin-So-Soft* may protect against mosquitoes for as little as 10 to 30 minutes, and the safety of repeated, widespread application of the concentrated bath oil to the skin is unknown.

ADVERSE EFFECTS — Deet is absorbed through the skin into the systemic circulation; about 10% to 15% of each dose can be recovered from the urine. Toxic and allergic reactions have been reported. The drug has been associated with bullous eruptions in the antecubital fossa and contact urticaria, and toxic encephalopathy has occurred with excessive or prolonged use, particularly in infants and children (DL Edwards and CE Johnson, Clin Pharm, 6:496, 1987). With the higher concentrations now available, brief exposure to smaller amounts has caused serious reactions in children and adults, including anaphylaxis and grand mal seizures (JD Miller, N Engl J Med, 307:1341, 1982; EH Roland et al, Can Med Assoc J, 132:155, 1985). Ingestion of deet can be fatal; two of five patients aged one to 33 years died following coma, seizures, and hypotension that occurred within one hour after ingestion (M Tenenbein, JAMA, 258:1509, 1987).

Permethrin is toxic to the nervous system of insects but, in mammals, the drug is poorly absorbed and then rapidly inactivated by ester hydrolysis. Objective signs of skin toxicity such as edema, erythema and rash have been uncommon, and adverse systemic effects have not been reported.

CONCLUSION — Deet-containing insect repellents applied to the skin or clothing can help prevent mosquito and tick bites, but deet may cause allergic and toxic effects in children and adults, especially when used on the skin repeatedly in high concentrations. Wearing protective clothing treated with permethrin in addition to using deet on exposed skin provides the greatest degree of protection against mosquito and tick bites.

PLEASE REMOVE THIS STUB BEFORE MAILING AND RETAIN FOR YOUR RECORDS

(NATIONAL PASSPORT CENTER (603) 334-0500)

FOLLOW INSTRUCTIONS CAREFULLY - INCOMPLETE OR UNACCEPTABLE APPLICATIONS WILL DELAY THE ISSUANCE OF YOUR PASSPORT. For detailed information on the items to be included, see the reverse side of this application.

If you answered NO to any of the four statements above STOP - You cannot use this form!!! You must apply on application form DSP-11 by making a personal appearance before a passport agent, postal clerk or clerk of court authorized to accept passport applications.

1. I can submit my most recent passport. ☐ Yes ☐ No
2. I was at least 18 years old when my most recent passport was issued. ☐ Yes ☐ No
3. I was issued my most recent passport less than 12 years ago. ☐ Yes ☐ No
4. I use the same name as on my most recent passport, OR
   I have had my name changed by marriage or court order and can submit proper documentation to reflect my name changes. ☐ Yes ☐ No

Complete this checklist to determine your eligibility to use this form.

CAN I USE THIS FORM?

APPLICATION FOR PASSPORT BY MAIL

UNITED STATES DEPARTMENT OF STATE

WHAT DO I NEED TO SEND WITH THE APPLICATION FORM?

1. **Your most recent passport.**
2. **A marriage certificate or court order if your name has changed.**
3. **Passport fee of $55.**
4. **Two recent (taken within the last 6 months) identical photographs with a light, plain background.**

For detailed information on the items to be included, see below.

1. YOUR MOST RECENT PASSPORT. Issued at age 18 or older in your current name (or see item #2 below) and issued within the past 12 years. If your passport is mutilated or damaged, you must apply on the DSP-11 Application form as specified below.

2. A MARRIAGE CERTIFICATE OR COURT ORDER. If the name you are currently using differs from the name on your most recent passport, you must submit a marriage certificate or court order showing the change of name. The name change document MUST bear the official seal of the issuing authority. Uncertified copies or notarized documents can not be accepted. All documents will be returned to you with your passport. If you are unable to document your name change in this manner, you must apply on the DSP-11 Application form by making a personal appearance at (1) a passport agency; (2) any Federal or State court of record or any probate court accepting passport applications; or (3) a Post Office which has been selected to accept passport applications.

3. THE PASSPORT FEE OF $55. Enclose the $55 passport fee in the form of a personal check or money order. DO NOT SEND CASH. Passport services cannot be responsible for cash sent through the mail. If you desire special postage other than first class (registered, special delivery, etc.) include the appropriate fee on the check. THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. MAKE CHECKS PAYABLE TO PASSPORT SERVICES.

4. TWO RECENT IDENTICAL PHOTOGRAPHS. The photographs must have been taken within the past six months and be a good likeness of you. The photographs must be clear with a full front view of your face and taken on a light (white or off-white) background. Photographs may be in color or black and white and the image size must correspond to the dimensions on the diagram on the front of this form. Photographs must be taken in normal street attire, showing you without headcovering unless a signed statement is submitted indicating that the headcovering is worn daily for religious or medical reasons. Dark glasses may not be worn in passport photographs unless a doctor's statement is submitted supporting the wearing of dark glasses for medical reasons.

MAIL THIS FORM TO:	DELIVERY - Other Than U.S. Postal Service	FOR INQUIRIES CONTACT:
National Passport Center **P.O. Box 371971** **Pittsburgh, Pa. 15250-7971**	**Mellon Bank** **Attn: Passport Supervisor, 371971** **3 Mellon Bank Center, Rm. 153-2723** **Pittsburgh, Pa. 15259-0001**	**National Passport Center** **31 Rochester Avenue** **Portsmouth, NH. 03801-2900** **Telephone: (603) 334-0500**

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing abroad CANNOT submit this form to the Passport Facility listed above. Such applicants should contact the nearest United States Embassy or Consulate for procedures to be followed when applying overseas.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed above. Submit your U.S. Government or military authorization for a no-fee passport with your application in lieu of the passport fee. CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code of 1986 requires a passport applicant to provide his/her name, mailing address, date of birth and social security number. If you have not been issued a social security number, enter zeros in box. Passport Services will provide this information to the Internal Revenue Service routinely. Any applicant who fails to provide the required information is subject to a $500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a United States passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and of their official duties; pursuant to a court order; and, as set other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a court order; and, as set forth in Part 171, Title 22, Code of Federal Regulations *(see Federal Register, Volume 42, pages 49791 through 49795).*

Failure to provide the information requested on this form may result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service.

*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0020), Washington, D. C. 20503.

PLEASE READ REVERSE SIDE BEFORE COMPLETING APPLICATION

UNITED STATES DEPARTMENT OF STATE

APPLICATION FOR PASSPORT BY MAIL

TYPE OR PRINT IN INK IN WHITE AREAS ONLY — **USE BLOCK LETTERS/NUMBERS**

NAME FIRST | MIDDLE

LAST

MAIL PASSPORT TO

STREET / RFD # OR P.O. BOX | APT. #

CITY | STATE | ZIP CODE

IN CARE OF *(IF APPLICABLE)*

R D O DP Issue Date _____

End.# _____ Exp. _____

SEX ☐ Male ☐ Female

PLACE OF BIRTH City & State or City & Country

DATE OF BIRTH Month | Day | Year

SOCIAL SECURITY NUMBER (SEE FEDERAL TAX LAW NOTICE ON REVERSE SIDE)

FOLD

HEIGHT Feet | Inches

HAIR COLOR

EYE COLOR

HOME TELEPHONE ( )

BUSINESS TELEPHONE ( )

NOTE: Most recent passport MUST be enclosed!

PASSPORT NUMBER

ISSUE DATE Month | Day | Year

PLACE OF ISSUANCE

OCCUPATION *(Not Mandatory)*

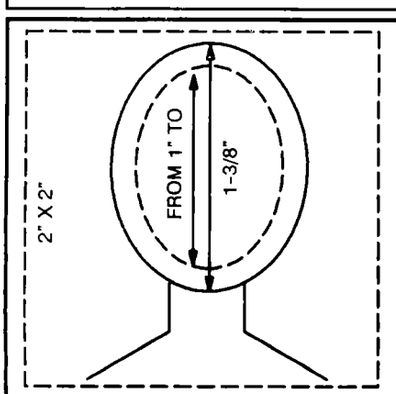
DEPARTURE DATE

TRAVEL PLANS *(Not Mandatory)* — COUNTRIES TO BE VISITED

LENGTH OF STAY *(Not Mandatory)*

PERMANENT ADDRESS (Do not list P.O. Box)

STREET / R.F.D. # | CITY | STATE | ZIP CODE



SUBMIT TWO RECENT IDENTICAL PHOTOS WITH LIGHT, PLAIN BACKGROUND

NOT MANDATORY

IN CASE OF EMERGENCY WHEN TRAVELING ABROAD, NOTIFY *(Person in U.S. Not Traveling With You)*

NAME

STREET

CITY | STATE | ZIP CODE

TELEPHONE ( ) | RELATIONSHIP

OATH AND SIGNATURE (If any of the below-mentioned acts or conditions have been performed by or apply to the applicant the portion which applies should be lined out, and a supplementary explanatory statement should be attached, signed, and made a part of this application.)

I have not, since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath, or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the Government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against the United States, or conspiring to overthrow, put down or destroy by force the Government of the United States.

FOLD

WARNING: False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. The alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under 18 USC 1543. The use of a passport in violation of the restrictions therein is punishable by fine and/or imprisonment under 18 USC 1544.

DECLARATION: I declare that the statements made in this application are true and complete to the best of my knowledge and belief, that the attached photographs are a true likeness of me, and that I have not been issued or included in a passport issued subsequent to the one submitted herein.

NOTE: APPLICANT MUST SIGN & DATE

SIGNATURE | **DATE**

DO NOT WRITE BELOW THIS SPACE — **FOR PASSPORT SERVICES USE ONLY** — DO NOT WRITE BELOW THIS SPACE

Application Approval

Evidence of Name Change

☐ Marriage Cert. ☐ Court Order

Date _____

Place _____

From _____

To _____

Fees

FORM DSP-82 (2-93)

OMB No. 1405-0020 (Exp. 7/31/93) Estimated Burden - 5 Minutes*

PLEASE READ REVERSE SIDE BEFORE COMPLETING APPLICATION

UNITED STATES DEPARTMENT OF STATE

APPLICATION FOR PASSPORT BY MAIL

TYPE OR PRINT IN INK IN WHITE AREAS ONLY **USE BLOCK LETTERS/NUMBERS**

NAME FIRST | MIDDLE

LAST

MAIL PASSPORT TO

STREET / RFD # OR P.O. BOX | APT #

CITY | STATE | ZIP CODE

IN CARE OF *(IF APPLICABLE)*

R D O DP Issue Date _____

End.# _____ Exp. _____

SEX
☐ Male
☐ Female

PLACE OF BIRTH
City & State or City & Country

DATE OF BIRTH Month | Day | Year

SOCIAL SECURITY NUMBER (SEE FEDERAL TAX LAW NOTICE ON REVERSE SIDE)

HEIGHT Feet | Inches

HAIR COLOR

EYE COLOR

HOME TELEPHONE ( )

BUSINESS TELEPHONE ( )

FOLD

NOTE: Most recent passport MUST be enclosed!

PASSPORT NUMBER

ISSUE DATE Month | Day | Year

PLACE OF ISSUANCE

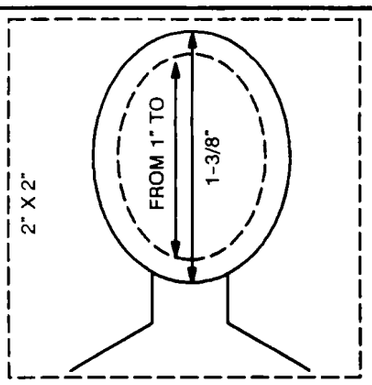
OCCUPATION *(Not Mandatory)*

DEPARTURE DATE

TRAVEL PLANS *(Not Mandatory)*
COUNTRIES TO BE VISITED

LENGTH OF STAY *(Not Mandatory)*

PERMANENT ADDRESS (Do not list P.O. Box)
STREET / R.F.D. # | CITY | STATE | ZIP CODE



SUBMIT TWO RECENT IDENTICAL PHOTOS WITH LIGHT, PLAIN BACKGROUND

NOT MANDATORY

IN CASE OF EMERGENCY WHEN TRAVELING ABROAD, NOTIFY *(Person in U.S. Not Traveling With You)*

NAME

STREET

CITY | STATE | ZIP CODE

TELEPHONE ( ) | RELATIONSHIP

OATH AND SIGNATURE (If any of the below-mentioned acts or conditions have been performed by or apply to the applicant the portion which applies should be lined out, and a supplementary explanatory statement should be attached, signed, and made a part of this application.)

I have not, since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath, or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the Government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against the United States, or conspiring to overthrow, put down or destroy by force the Government of the United States.

FOLD

WARNING: False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. The alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under 18 USC 1543. The use of a passport in violation of the restrictions therein is punishable by fine and/or imprisonment under 18 USC 1544.

DECLARATION: I declare that the statements made in this application are true and complete to the best of my knowledge and belief, that the attached photographs are a true likeness of me, and that I have not been issued or included in a passport issued subsequent to the one submitted herein.

NOTE: APPLICANT MUST SIGN & DATE

SIGNATURE | **DATE**

DO NOT WRITE BELOW THIS SPACE – **FOR PASSPORT SERVICES USE ONLY** – DO NOT WRITE BELOW THIS SPACE

Application Approval

Evidence of Name Change
☐ Marriage Cert. ☐ Court Order
Date _____
Place _____
From _____
To _____

Fees

FORM DSP-82 (2-93)

OMB No. 1405-0020 (Exp. 7/31/93) Estimated Burden - 5 Minutes*

PLEASE REMOVE THIS STUB BEFORE MAILING AND RETAIN FOR YOUR RECORDS

(NATIONAL PASSPORT CENTER (603) 334-0500)

FOLLOW INSTRUCTIONS CAREFULLY - INCOMPLETE OR UNACCEPTABLE APPLICATIONS WILL DELAY THE ISSUANCE OF YOUR PASSPORT. For detailed information on the items to be included, see the reverse side of this application.

If you answered NO to any of the four statements above STOP - You cannot use this form!!! You must apply on application form DSP-11 by making a personal appearance before a passport agent, postal clerk or clerk of court authorized to accept passport applications.

1.	I can submit my most recent passport.	☐ Yes ☐ No
2.	I was at least 18 years old when my most recent passport was issued.	☐ Yes ☐ No
3.	I was issued my most recent passport less than 12 years ago.	☐ Yes ☐ No
4.	I use the same name as on my most recent passport, OR I have had my name changed by marriage or court order and can submit proper documentation to reflect my name changes.	☐ Yes ☐ No

Complete this checklist to determine your eligibility to use this form.

CAN I USE THIS FORM?

UNITED STATES DEPARTMENT OF STATE

APPLICATION FOR PASSPORT BY MAIL

WHAT DO I NEED TO SEND WITH THE APPLICATION FORM?

1. **Your most recent passport.**
2. **A marriage certificate or court order if your name has changed.**
3. **Passport fee of $55.**
4. **Two recent (taken within the last 6 months) identical photographs with a light, plain background.**

For detailed information on the items to be included, see below.

1. YOUR MOST RECENT PASSPORT. Issued at age 18 or older in your current name (or see item #2 below) and issued within the past 12 years. If your passport is mutilated or damaged, you must apply on the DSP-11 Application form as specified below.

2. A MARRIAGE CERTIFICATE OR COURT ORDER. If the name you are currently using differs from the name on your most recent passport, you must submit a marriage certificate or court order showing the change of name. The name change document MUST bear the official seal of the issuing authority. Uncertified copies or notarized documents can not be accepted. All documents will be returned to you with your passport. If you are unable to document your name change in this manner, you must apply on the DSP-11 Application form by making a personal appearance at (1) a passport agency; (2) any Federal or State court of record or any probate court accepting passport applications; or (3) a Post Office which has been selected to accept passport applications.

3. THE PASSPORT FEE OF $55. Enclose the $55 passport fee in the form of a personal check or money order. DO NOT SEND CASH. Passport services cannot be responsible for cash sent through the mail. If you desire special postage other than first class (registered, special delivery, etc.) include the appropriate fee on the check. THE FULL NAME AND DATE OF BIRTH OF THE APPLICANT MUST BE TYPED OR PRINTED ON THE FRONT OF THE CHECK. MAKE CHECKS PAYABLE TO PASSPORT SERVICES.

4. TWO RECENT IDENTICAL PHOTOGRAPHS. The photographs must have been taken within the past six months and be a good likeness of you. The photographs must be clear with a full front view of your face and taken on a light (white or off-white) background. Photographs may be in color or black and white and the image size must correspond to the dimensions on the diagram on the front of this form. Photographs must be taken in normal street attire, showing you without headcovering unless a signed statement is submitted indicating that the headcovering is worn daily for religious or medical reasons. Dark glasses may not be worn in passport photographs unless a doctor's statement is submitted supporting the wearing of dark glasses for medical reasons.

MAIL THIS FORM TO:	DELIVERY - Other Than U.S. Postal Service	FOR INQUIRIES CONTACT:
National Passport Center **P.O. Box 371971** **Pittsburgh, Pa. 15250-7971**	**Mellon Bank** **Attn: Passport Supervisor, 371971** **3 Mellon Bank Center, Rm. 153-2723** **Pittsburgh, Pa. 15259-0001**	**National Passport Center** **31 Rochester Avenue** **Portsmouth, NH. 03801-2900** **Telephone: (603) 334-0500**

NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing abroad CANNOT submit this form to the Passport Facility listed above. Such applicants should contact the nearest United States Embassy or Consulate for procedures to be followed when applying overseas.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed above. Submit your U.S. Government or military authorization for a no-fee passport with your application in lieu of the passport fee. CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code of 1986 requires a passport applicant to provide his/her name, mailing address, date of birth and social security number. If you have not been issued a social security number, enter zeros in box. Passport Services will provide this information to the Internal Revenue Service routinely. Any applicant who fails to provide the required information is subject to a $500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a United States passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and of their official duties; pursuant to a court order; and, as set other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a court order; and, as set forth in Part 171, Title 22, Code of Federal Regulations *(see Federal Register, Volume 42, pages 49791 through 49795).*

Failure to provide the information requested on this form may result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service.

*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0020), Washington, D. C. 20503.