Pre-Travel Health Assessment Form

Personal Detail												
Name:					Date of Birth (dd/mm/yyyy)	:						
Address: (street, city, post	al code)					emale						
					Telephone number:		Cell:					
					Email:							
					T Yes I would like to receive	e travel up	odates by	email				
Weight: pounds, or	Provin	cial healt	h care		Family Doctor:							
kg	numbe	er:			Doctor phone number:							
Personal Medical History												
Women: Are you pregnant or breastfeeding?					ou travelling with young child	☐ Yes	□ No					
Have you been told you have a weakened immune system?					ou doing charity work oversea gee camps, missionary work)	ıs?	☐ Yes	□ No				
Are you feeling well today		☐ Yes	□ No		ou or a family member have ep	nilensy?	☐ Yes	□ No				
Is your health generally go					anyone in your household have		☐ Yes	□ No				
is your neartification generally go	ou.		<u> </u>		ed immunity?	·cu		2110				
Have you ever fainted or felt unwell after an injection?		☐ Yes	□ No		u have a history of mental illras depression or anxiety?	iess	☐ Yes	□ No				
Any serious reaction to a vaccine?		☐ Yes	□ No		you suffered from:							
Any vaccines in the last month?		☐ Yes	□ No		Jaundice/hepatitis		☐ Yes	□ No				
Are you currently taking any		☐ Yes ☐ No			Blood clots	☐ Yes	□ No					
steroid medications?					Ear/hearing problems	☐ Yes	□ No					
Are you allergic to eggs, any antibiotics, or latex?		☐ Yes	□ No		Cancer/chemotherapy	☐ Yes	☐ No					
					HIV/AIDS	☐ Yes	☐ No					
					Diabetes		☐ Yes	□ No				
					Heart disease		☐ Yes	□ No				
Please List all Current M	edication countei		ption or over-	tne-	Please List any Alle	ergies: (fo	od or me	dications)				
1					1							
1				2								
3.					3							
4					Please list any other medical conditions							
5					1							
6					2.							
7					3							
Immunization History		Travel vaccine History -										
					Have you ever received the following immunizations?							
Are your regular immuniz	=	to-date?			Hepatitis A	☐ Yes	□ No	☐ Not Sure				
☐ Yes ☐ No ☐ Not			`		Hepatitis B	☐ Yes	☐ No	☐ Not Sure				
When was the date of your last tetanus shot? Date (dd/mm/yyyy): ☐ Not sure					Rabies	☐ Yes	☐ No	☐ Not Sure				
Date (uu/IIIII) yyyy)			NOL SUIT		Yellow Fever	☐ Yes	☐ No	☐ Not Sure				
Have you had the:				Japanese encephalitis	☐ Yes	☐ No	☐ Not Sure					
Annual flu vaccine	☐ Yes	☐ No	☐ Not Sure		Tick borne encephalitis	☐ Yes	☐ No	☐ Not Sure				
Pneumonia vaccine					Typhoid	☐ No	☐ Not Sure					
Chicken pox vaccine	☐ Yes	☐ No	☐ Not Sure		Dukoral	☐ Yes	☐ No	☐ Not Sure				
MMR vaccine	☐ Yes	☐ No	☐ Not Sure		Meningitis	Meningitis ☐ Yes ☐ No ☐ Not Sure						

Date of departure from Canada (dd/mm/yyyy):					Date of return to Canada (dd/mm/yyyy):						
Travel Details:											
Country	Town/Ci	Town/City		ı/Rur	al	Accommodations		Time spent in this country			
										country	
Rate your Travel Exp								a -			
☐ New traveller	□ Local	rips nevei	roverseas		Travelled	overseas	5	∐ Ex	perie	enced traveller	
	ional information abo	ut your tr	ip:								
Reason for Travel							C Other				
☐ Business		☐ Pleas	sure				Other:				
Holiday Type Package	☐ Camping	☐ Colf	organized		Cruise shi	in	☐ Backpa	cking		☐ Trekking	
Most common type		D Sell-	organizeu	<u> </u>	Cruise siii	ıμ	п раскра	icking		☐ Hekking	
☐ Premium hotel	☐ Budget hotel		☐ Hostels			☐ Frier	nds/family h	ome	П	Camping	
Who is travelling wit			- Hostels			- Trici	idoj idililiy i	ionic		Camping	
Solo	,	☐ With	family/friend	d			☐ Group				
	ving activities be inclu		-		ase check	all that					
☐ Scuba diving					Adventi						
☐ Going to a high altitude					☐ Exposure to extreme heat or cold						
☐ Safari					Jungle						
Spending time in	rural communities				Other: _						
	our primary concerns	with your	trip or this t								
Getting sick while away					Who to contact if emergency occurs overseas						
☐ Travellers' diarrhea											
☐ Safety and efficacy of vaccines ☐ Antimalarial medications					Personal safety overseasTips to lower your risk of getting sick or hurt overseas						
•	Antimalarial medications Cost of medications and immunizations					The to lower your risk of Berring sick of Hart overseas					
☐ Antimalarial med	ons and immunization										

Please bring this form in when you have your travel consultation and provide it to your travel health pharmacist.