

# Pre-Travel Health Assessment Form

Your personal details			
Name: _____		Date of birth (dd/mm/yyyy): _____	
Address: (street, city, postal code)		Male <span style="margin-left: 100px;">Female</span>	
		Telephone number: _____	
		Cell number: _____	
Email: _____		Family doctor: _____	
Weight: _____ pounds, or _____ kg	Provincial health care number: _____	Doctor phone number: _____	

Your personal medical history			
<b>Women:</b> Are you pregnant or breastfeeding?	Yes	No	Are you travelling with young children?
Have you been told you have a weakened immune system?	Yes	No	Are you doing charity work overseas? (refugee camps, missionary work)
Are you feeling well today?	Yes	No	Do you or a family member have epilepsy?
Is your health generally good?	Yes	No	Does anyone in your household have a lowered immunity?
Have you ever fainted or felt unwell after an injection?	Yes	No	Do you have a history of mental health issues such as depression or anxiety?
Any serious reaction to a vaccine?	Yes	No	Have you ever had: Jaundice/hepatitis <span style="float: right;">Yes</span> <span style="float: right;">No</span> Blood clots <span style="float: right;">Yes</span> <span style="float: right;">No</span> Ear/hearing problems <span style="float: right;">Yes</span> <span style="float: right;">No</span> Cancer/chemotherapy <span style="float: right;">Yes</span> <span style="float: right;">No</span> HIV/AIDS <span style="float: right;">Yes</span> <span style="float: right;">No</span> Diabetes <span style="float: right;">Yes</span> <span style="float: right;">No</span> Heart disease <span style="float: right;">Yes</span> <span style="float: right;">No</span>
Have you been vaccinated in the last month?	Yes	No	
Are you currently taking any steroid medications?	Yes	No	
Are you allergic to eggs, any antibiotics, or latex?	Yes	No	

Medications you are currently taking (prescription or over-the-counter)	Allergies (food or medications)	
1. _____	1. _____	
2. _____	2. _____	
3. _____	3. _____	
4. _____	<b>Please list any other medical conditions</b>	
5. _____	1. _____	
6. _____	2. _____	
7. _____	3. _____	

Your immunization history	Have you ever had the following immunizations?			
Are your regular immunizations up-to-date? Yes      No      Not sure	Hepatitis A	Yes	No	Not Sure
When was the date of your last tetanus shot? Date (dd/mm/yyyy): _____      Not sure	Hepatitis B	Yes	No	Not Sure
Have you had the: Annual flu vaccine <span style="float: right;">Yes</span> <span style="float: right;">No</span> <span style="float: right;">Not Sure</span> Pneumonia vaccine <span style="float: right;">Yes</span> <span style="float: right;">No</span> <span style="float: right;">Not Sure</span> Chicken pox vaccine <span style="float: right;">Yes</span> <span style="float: right;">No</span> <span style="float: right;">Not Sure</span> MMR vaccine <span style="float: right;">Yes</span> <span style="float: right;">No</span> <span style="float: right;">Not Sure</span>	Rabies	Yes	No	Not Sure
	Yellow Fever	Yes	No	Not Sure
	Japanese encephalitis	Yes	No	Not Sure
	Tick borne encephalitis	Yes	No	Not Sure
	Typhoid	Yes	No	Not Sure
	Dukoral	Yes	No	Not Sure
	Meningitis	Yes	No	Not Sure



**Your trip details**

Date of departure from Canada (dd/mm/yyyy): \_\_\_\_\_ Date of return to Canada (dd/mm/yyyy): \_\_\_\_\_

Country	Town/City	Urban/Rural	Accommodations	Length of visit

**Describe your travel experience**

New traveller	Local trips never overseas	Travelled overseas	Experienced traveller
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**Additional information about your trip****Reason for travel**

Business	Pleasure	Other: _____
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**Holiday type**

Package	Camping	Self-organized	Cruise ship	Backpacking	Trekking
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**Accommodation**

Premium hotel	Budget hotel	Hostels	Friends/family home	Camping
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**Who is travelling with you?**

Solo	With family/friends	Group
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**Do you plan to do any of the following activities? (please check all that apply)**

Scuba diving Going to a high altitude Safari Spending time in rural communities	Adventure travel Exposure to extreme heat or cold Jungle Other: _____
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**Please let us know your primary concerns with your trip or this travel health assessment (check all that apply)**

Getting sick while away Travellers' diarrhea Safety and efficacy of vaccines Antimalarial medications Cost of medications and immunizations	Who to contact if emergency occurs overseas Travel insurance Personal safety overseas Lowering your risk of getting sick or hurt overseas
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**Do you have any other concerns? (Please specify)**


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**Please bring this completed form to your travel health consultation with your Pharmasave pharmacist.**

