

Pre-Travel Assessment Form

Please complete the form below:

1. Personal Details

Name *(required)*

Health Card Number *(required)*

Primary Care Provider

Email address *(required)*

Date of Birth *(required)*

Gender *(required)*

Male Female

Weight (please add kg or lbs beside your weight)

(required)

Telephone *(required)*

Full Address *(required)*

2. Personal Medical History

Are you currently pregnant or breastfeeding?

YES NO

Have you received any vaccinations within the past 28 days?

YES NO

Have you had a fever within the last 7 days?

YES NO

Do you have a personal history of HIV/AIDS, Hepatitis B, Hepatitis C, or other blood-borne illness?

YES NO

Have you recently undergone radiation or chemotherapy or used immunosuppressive drug therapies including Humira, Remicade, Enbrel or high dose corticosteroids?

YES NO

Do you currently have any medical conditions leading to suppressed immune function, i.e., HIV infection, leukemia, lymphoma, thymic disease, generalized malignancy?

YES NO

Are you aware of any existing or past issues with your liver or kidneys?

YES NO

Do you have a personal history of blood clots?

YES NO

Do you have any known allergies?

YES NO

Notes regarding any positive responses to above questions:

3. Medication Record

The pharmacist will perform a MedsCheck with all travellers prior to preparing the final travel plan. Please bring all prescription and non-prescription items with you to your consultation.

4. Vaccination History (bring record with you to appointment)

Influenza (flu shot)

YES NO UNSURE

Pneumococcal

YES NO UNSURE

Tetanus

YES NO UNSURE

HPV

YES NO UNSURE

MMR

YES NO UNSURE

Polio

YES NO UNSURE

Varicella

YES NO UNSURE

Shingles

YES NO UNSURE

Hepatitis A

YES NO UNSURE

Hepatitis B

YES NO UNSURE

Yellow Fever

YES NO UNSURE

Japanese encephalitis

YES NO UNSURE

Tick borne encephalitis

YES NO UNSURE

Typhoid

YES NO UNSURE

Travelers diarrhea (Dukoral)

YES NO UNSURE

Meningitis

YES NO UNSURE

Abbreviations: HPV - human papillomavirus; MMR - measles, mumps, rubella

5. Travel Itinerary

Please complete in chronological order of travel as it may influence which vaccines are required. List all towns, villages, cities, etc. to be visited as vaccination requirements may differ within the same country.

1. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

2. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

3. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

4. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

5. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

6. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

7. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

8. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

9. Location (please be specific)

Accommodations

Date of Arrival

Date of Departure

6. Trip Details

What is the reason for travel?

- Pleasure/Relaxation Business Healthcare (providing) Healthcare (receiving)
 Sport/Recreation Aid/Relief Adventure/Exploration

Other: (please provide details)

What is your level of travel experience?

- Within Canada, never out of country Within North America, never overseas
 Travelled overseas, never to destination Travelled to destination

Who are you travelling with?

- Solo Family Friends Young children
 Seniors Group (please specify)

Group (please include details)

Other (please provide details)

Who organized the trip?

- Self-organized Friend Employer Travel Agent
 Charitable organization Church

Other (please provide details)

What is the nature of the accommodations?

- All-inclusive resort Personal residence Premium hotel Cruise ship
 Budget hotel Car camping Hostel Backpacking/trekking

Other (please provide details)

Do you plan to do any of the following activities?

- Scuba dive Spend time near water Travel to high altitude Safari
 Jungle travel Hiking Spend time in rural communities
 Exposure to temperature extremes

Other (please provide details)

Do you have any particular concerns related to your trip?

- Getting sick while away Cost of medications/immunizations Travellers' diarrhea
 Emergency contacts while overseas Safety and efficacy of medications Travel insurance
 Malaria Personal safety overseas

Other (please provide details)