

## Travel Consultation Form

Date: \_\_\_\_\_ Name of person inquiring: \_\_\_\_\_  
 Tel. Home/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Traveler's Names

1. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
2. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
3. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
4. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
5. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

### Health Questionnaire

	CLIENT #1	CLIENT #2	CLIENT #3	CLIENT #4	CLIENT #5
<b>ALLERGIES</b> (to medication, food, etc)					
<b>MEDICATIONS</b> (currently taking)					
<b>MEDICAL CONDITIONS</b>					
<b>Number of Alcoholic drinks per week</b>					
<b>Smoking Status (# per day)</b>					
<b>Any chance that you are pregnant?</b>					

Date of Departure: \_\_\_\_\_

**Countries and Cities/Provinces in Order of Travel**  
 (please be as detailed as possible)

**# of Days/Area**

---

---

---

---

---



---

---

---

---

---

**Categories of Travel: Check the Appropriate Category – May choose more than one**

- ☐ Staying in a first class hotel or staying mainly in urban centres    ☐ Staying/visiting relatives/friends  
☐ Travelling extensively in a rural area, camping, mission, etc.    ☐ Cruise  
☐ Travelling at altitudes >2500m

**Reason of Travel: Check the Appropriate Category – May choose more than one**

- ☐ Leisure                      ☐ Business  
☐ Work, ex.: health care aide, volunteer, missionary, handling animals, veterinarian, teaching, adoption, etc.

**History of Past Vaccination – Please indicate the date vaccination series was completed**

VACCINE	CLIENT #1	CLIENT #2	CLIENT #3	CLIENT #4	CLIENT #5
Tetanus					
Diphtheria					
Polio					
Pertussis					
MMR					
Twinrix					
Hepatitis A					
Hepatitis B					
Dukoral					
Typhoid Fever					
Yellow Fever					
Japanese Enc.					
Rabies					
Influenza					
Other					

At the appointment, a pharmacist will review and provide a written assessment of travel health recommendations.

**Cost:**

Consultation – \$30

*This is a consultation fee only and does not include the cost of vaccines or medications (if required). Depending on the itinerary, the consultation typically lasts 30 minutes.*

**Administration of Vaccines:**

Vaccine administration is provided by a pharmacist trained in the administration of vaccines. You will be required to wait at Medical Arts Pharmacy for 15 minutes after receiving a vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form via email or fax to:**

**[erica@medicalartspharmacy.ca](mailto:erica@medicalartspharmacy.ca)**

**613-933-9796**