



Travel Consultation Form - PLEASE PRINT

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

Traveler's Names

1. _____ DOB: _____ Age: _____ Sex: M ☐ F ☐
 2. _____ DOB: _____ Age: _____ Sex: M ☐ F ☐
 3. _____ DOB: _____ Age: _____ Sex: M ☐ F ☐
 4. _____ DOB: _____ Age: _____ Sex: M ☐ F ☐
 5. _____ DOB: _____ Age: _____ Sex: M ☐ F ☐

Health Questionnaire

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

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: _____