TRAVEL MEDICINE & VACCINATION CENTRE

Client Profile

18 locations to serve you

Please fill in sections A, B, C, and D as completely as possible CD: _____

A. Personal Information

Last Name:	First Name:	MI:	
Address:	City:	Sex: □ M □ F	
Postal Code:	Email:	Cdn Citizen : yes □ no □	
Home Tel:	Work Tel:	Cell	**Children Only**
Birth Date: D M Y	Age:	Carecard:	Weight: / Consent Obtained □
Emergency Contact:	Phone:	Consent By: Mother □ Father □	
Family Doctor:	Phone:	Guardian Name:	

B. Travel Itinerary

Date of Departure: D M Y

Purpose of trip: Vacation- tour, adventure, cruise; Work, Service; Other:

Area of Travel				Food and Accommodation				
Country	**Duration**	**Urban (Cities)**	**Rural (Country side)**	**Business 1st Class**	**Tourist Package**	**Backpack Low Budget**	**Home stay Friends Relatives**	**Comment**

C. Medical History

Do any of the following apply to you?	Yes	No
Fainted from having an injection	○	○
Severe reaction to immunization	○	○
Fever in the past 24 hours	○	○
Current or planned pregnancies/Breastfeeding	○	○
Immune suppression (eg. HIV, cancer, leukemia, organ transplant, steroid medication)	○	○
History of Guillain-Barré Syndrome	○	○
Received blood products in past year	○	○
Bleeding disorders	○	○
Thymus disorders (Myasthenia Gravis)	○	○
G6PD deficiency	○	○
Disorders of the spleen / liver / kidney	○	○
Bowel conditions: Irritable bowel syndrome/Crohn's/Colitis	○	○
Depression, anxiety, psychosis	○	○
Previous seizures/epilepsy/neurological conditions	○	○
Heart disease/Diabetes	○	○
Other (Note, it is important to list ALL diseases and conditions that you have):		

D. Immunization History

What vaccines have you had?	**Date**
Tetanus/Diphtheria	
Polio	
Measles/Mumps/Rubella	
Typhoid	
Hepatitis A	
Hepatitis B	
Yellow Fever	
Japanese B Encephalitis	
Meningitis	
Rabies	
Flu/Pneumococcal 23	
Pertussis (Whooping Cough)	
Chickenpox (vaccine or disease)	
Dukoral	
Shingles (Zostavax)	
Other:	

Allergies (including: Eggs, Bee Stings, Medications, Yeast, Gelatin, Latex):

Current Medical Conditions

Current Medications including prescription, herbal, over the counter, birth control pills