

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

CD: _____

A. Personal Information							
Last Name:			First Name:			MI:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary <input type="checkbox"/> other:
Address:				City:			
Postal Code:		Email:			Cdn Citizen : yes <input type="checkbox"/> no <input type="checkbox"/>		
Home Tel:		Work Tel:		Cell		Children Only	
Birth Date: D M Y		Age:	Carecard:		Weight:	Consent Obtained <input type="checkbox"/>	
Emergency Contact:			Phone:		Consent By: Mother <input type="checkbox"/> Father <input type="checkbox"/>		
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				Comment
Country	Duration	Urban (Cities)	Rural (Country Side)	Business 1 st Class	Tourist Package	Backpack Low Budget	Home Stay Friends Relatives	

C. Medical History			D. Immunization History	
Do any of the following apply to you?	Yes	No	What vaccines have you had?	Date
Fainted from having an injection			Tetanus/Diphtheria	
Severe reaction to immunization			Pertussis (Whooping Cough)	
Fever in the past 24 hours			Polio	
Current or planned pregnancies/Breastfeeding			Measles / Mumps / Rubella	
Immune suppression (eg. HIV, cancer, leukemia, organ transplant, steroid medication)			Chickenpox (disease / vaccine)	
History of Guillain-Barré Syndrome			Shingles (vaccine / disease)	
Received blood products in past year			Flu / Prevnar13 / Pneumococcal 23	
Bleeding disorders			Dukoral	
Thymus disorders (Myasthenia Gravis)			Typhoid	
G6PD deficiency			Hepatitis A	
Disorders of the spleen / liver / kidney			Hepatitis B	
Bowel conditions: Irritable bowel syndrome/Crohn's/Colitis			Meningitis	
Depression, anxiety, psychosis			Yellow Fever	
Previous seizures/epilepsy/neurological conditions			Japanese B Encephalitis	
Heart disease/Diabetes			Rabies	
<u>Other</u> (Note, it is important to list ALL diseases and conditions that you have):			Other:	

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

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

Consult By:

Immunization By:

Date:

Client Name:

Date of Birth:

D = discussed
h/o = handout

First Visit - Date:

Fee	Vaccine	Brand	Series	Site/Lot#	Malaria Rx	D	H/O	Topics Discussed
	TdP Td TdaP	Adacel/Boostrix	1 2 3 B		Mef:	<input type="checkbox"/>	<input type="checkbox"/>	General Health Advice
	Polio-IPV	IPV/Sanofi	1 2 3 B		Doxy	<input type="checkbox"/>	<input type="checkbox"/>	Food and Water
	MMR	GSK/ Merck	1 2		Malarone:	<input type="checkbox"/>	<input type="checkbox"/>	Travellers Diarrhea & TX
	Hep A Adult	Avax/Hav/Vaq	1 2		Chloro	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics
	Hep A Ped.	Avax/Hav/Vaq	1 2		Primaquine:	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
	Typhoid	Typhim/Vivotif	Inj Cap		Declined	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A
	Hep A / Typhoid	Vivaxim	1			<input type="checkbox"/>	<input type="checkbox"/>	Blood & Body Fluids
	Hep B Adult	Eng/Recomb	1 2 3 4		Antibiotic Rx	<input type="checkbox"/>	<input type="checkbox"/>	Hep B, C & HIV
	Hep B Ped.	Eng/Recomb	1 2 3 4		Cipro:	<input type="checkbox"/>	<input type="checkbox"/>	Insect Bites/ Precautions
	Hep A/B comb Ad.	Twinrix	1 2 3 4		Azithro:	<input type="checkbox"/>	<input type="checkbox"/>	Dengue/Zika/Chik/JE/YF
	Hep A/B comb Ped	Twinrix Junior	1 2 3 4		Declined	<input type="checkbox"/>	<input type="checkbox"/>	Malaria
	Yellow Fever	Sanofi	1 B			<input type="checkbox"/>	<input type="checkbox"/>	Animal Bites/Rabies
	Meningitis ACYW135	Menom/Mctra/ Nime	1		Altitude Rx	<input type="checkbox"/>	<input type="checkbox"/>	Schisto / Lepto / Leish.
	Meningitis B	Bexsero	1 2		Acetazolamide:	<input type="checkbox"/>	<input type="checkbox"/>	Altitude Sickness
	HPV	Gardasil	1 2 3		Declined	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy
	Jap. B Enc.	Ixiaro	1 2 B			<input type="checkbox"/>	<input type="checkbox"/>	Children Traveling
	Cholera/ETEC	Dukoral	1 B		Other Rx:	<input type="checkbox"/>	<input type="checkbox"/>	IAMAT
	Rabies	Imovax/RabAvert	1 2 3 B			<input type="checkbox"/>	<input type="checkbox"/>	Travel Insurance
	Varicella/ Herpes Zoster	Vrlx/Vrvx / Shingrix	1 2			<input type="checkbox"/>	<input type="checkbox"/>	Jet Lag
	Influenza - Trivalent	Fviral/Agriflu	1 2			<input type="checkbox"/>	<input type="checkbox"/>	MVA
	Influenza - Quadrivalent	Flulaval/Fmist/Flzone	1 2			<input type="checkbox"/>	<input type="checkbox"/>	Tick Born Encephalitis
	Pneumo/Prevnar 13	PPVS23/Prevnar 13				<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
	Misc					<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal
	Consult					<input type="checkbox"/>	<input type="checkbox"/>	Shingles

Staff Initials Consult: _____ Immunized by: _____ MOA: _____

Total _____ BD Visa MC Cash Inv MSP postcard filed

Recommended Schedule:

Notes:

Labs ordered:

Second Visit - Date:

Fee	Vaccine	Brand	Series	Site/Lot#
	TdP Td TdaP	Adacel/Boostrix	1 2 3 B	
	Polio-IPV	IPV/Sanofi	1 2 3 B	
	MMR	GSK/ Merck	1 2	
	Hep A Adult	Avax/Hav/Vaq	1 2	
	Hep A Ped.	Avax/Hav/Vaq	1 2	
	Typhoid	Typhim/Vivotif	Inj Cap	
	Hep A / Typhoid	Vivaxim	1	
	Hep B Adult	Eng/Recomb	1 2 3 4	
	Hep B Ped.	Eng/Recomb	1 2 3 4	
	Hep A/B comb Ad.	Twinrix	1 2 3 4	
	Hep A/B comb Ped	Twinrix Junior	1 2 3 4	
	Yellow Fever	Sanofi	1 B	
	Meningitis ACYW	Meno/Mctra/ Nim	1	
	Meningitis B	Bexsero	1 2	
	HPV	Gardasil/Cervarix	1 2 3	
	Jap. B Enc.	Ixiaro	1 2 B	
	Cholera/ETEC	Dukoral	1 B	
	Rabies	Imovax/ RabAvert	1 2 3 B	
	Varicella/Herpes Zos	Vrlx/Vrvx/Shingr	1 2	
	Influenza - Trivalent	Fviral/Agriflu		
	Influenza - Quadriv.	Flaval/Fmist/Flzone	1 2	
	Pneumo/Prevnar 13	PPVS23/Prev 13		
	Consult			

Staff Consult: _____ Imm by: _____ MOA: _____

Total: _____ BD Visa MC Cash Inv MSP postcard filed

Notes:

Labs ordered:

Third Visit - Date:

Fee	Vaccine	Brand	Series	Site/Lot#
	TdP Td TdaP	Adacel/Boostrix	1 2 3 B	
	Polio-IPV	IPV/Sanofi	1 2 3 B	
	MMR	GSK/ Merck	1 2	
	Hep A Adult	Avax/Hav/Vaq	1 2	
	Hep A Ped.	Avax/Hav/Vaq	1 2	
	Typhoid	Typhim/Vivotif	Inj Cap	
	Hep A / Typhoid	Vivaxim	1	
	Hep B Adult	Eng/Recomb	1 2 3 4	
	Hep B Ped.	Eng/Recomb	1 2 3 4	
	Hep A/B comb Ad.	Twinrix	1 2 3 4	
	Hep A/B comb Ped	Twinrix Junior	1 2 3 4	
	Yellow Fever	Sanofi	1 B	
	Meningitis ACYW	Meno/Mctra/ Nim	1	
	Meningitis B	Bexsero	1 2	
	HPV	Gardasil/ Cervarix	1 2 3	
	Jap. B Enc.	Ixiaro	1 2 B	
	Cholera/ETEC	Dukoral	1 B	
	Rabies	Imovax/RabAvert	1 2 3 B	
	Varicella/ Herpes Zo	Vrlx/Vrvx/Shingr	1 2	
	Influenza - Trivalent	Fluvi/Agri/Influva	1 2	
	Influenza - Quadriv	Flaval/Fmist/Flzone	1 2	
	Pneumo/Prevnar 13	PPVS23/Prev 13		
	Consult			

Staff Consult: _____ Imm.by: _____ MOA: _____

Total: _____ BD Visa MC Cash Inv MSP postcard filed

Notes:

Labs ordered