TMVC TRAVEL MEDICINE & VACCINATION CENTRE

TB Test /Vaccine
Client Profile

17 locations to serve you

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

A. Personal Information

Last Name:	First Name:	MI:	Sex: □ M □ F □ non-binary □ other
Address:	City:		
Postal Code:	Email:		Cdn Citizen : yes □ no □
Home Tel:	Work Tel:	Cell	**Children Only**
Birth Date: D M Y	Age:	PHN	Weight: / Consent Obtained □
Emergency Contact:	Phone:		Consent By: Mother □ Father □
Company/School/Organization (if applicable):			Guardian Name:

B. Screening Checklist

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 live vaccines or antiviral drugs within last 4 weeks or 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):		

C. Immunization History

What vaccines have you had? Please complete only if you plan to receive vaccines today	Date
Tetanus/Diphtheria	
Pertussis (Whooping Cough)	
Polio	
Measles / Mumps / Rubella	
Chickenpox (vaccine / disease)	
Shingles (vaccine / disease)	
COVID-19 Vaccine	
Flu	
Prevnar13 / Pneumococcal 23	
Dukoral	
Typhoid	
Hepatitis A	
Hepatitis B	
Meningitis	
Yellow Fever	
Japanese B Encephalitis	
Rabies	
Other:	

Allergies *(including: Eggs, bees stings, medications, yeast, gelatin, latex, antibiotics)*

Current Medical Conditions

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

☐ I give my permission to Travel Medicine and Vaccination Centre to inform my employer/school (if so requested) of the vaccine administration and/or TB test results.

☐ If vaccines are for travel, I understand that I am selecting my own vaccinations independent of medical advice. I will not have the opportunity to discuss travel health risks and current updates pertaining to the country/countries I will be visiting.

Client Signature:_____