TMVC
TRAVEL MEDICINE & VACCINATION CENTRE

Client Profile

17 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:	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:	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	
Pertussis (Whooping Cough)	
Polio	
Measles / Mumps / Rubella	
Chickenpox (disease / vaccine)	
Shingles (vaccine / disease)	
Flu / Prevnar13 / Pneumococcal 23	
Dukoral	
Typhoid	
Hepatitis A	
Hepatitis B	
Meningitis	
Yellow Fever	
Japanese B Encephalitis	
Rabies	
Other:	

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

Current Medical Conditions

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