



**Travel Consultation Form**

Date: \_\_\_\_\_ Name of person inquiring: \_\_\_\_\_

Tel. Home/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Traveler's Names**

- 1. \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ Age: \_\_\_\_\_
- 2. \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ Age: \_\_\_\_\_
- 4. \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ Age: \_\_\_\_\_
- 5. \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ Age: \_\_\_\_\_

**Health Questionnaire**

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

**Travel Itinerary**

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.

Please provide any necessary details about travel activities such as extreme recreational sports or mountain climbing etc.

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**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					
Covid-19					
Others:					

At the appointment, a pharmacist will review and provide a written assessment of travel health recommendations.

**Cost: Price per person and complexity of itinerary**

Consultation – \$60 unless you receive 2 more vaccines at Lynn Valley Pharmacy then price reduced to \$40

*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 Lynn Valley Pharmacy for 15 minutes after receiving a vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_