



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
ALLERGIES (to medication, food, etc)					
MEDICATIONS (currently taking)					
MEDICAL CONDITIONS					
# of Alcoholic drinks/wk					
Smoking Status (# per day)					
Any chance that you are pregnant?					

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.

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 – \$40 unless you receive 2 more vaccines at Lynn Valley Pharmacy then price reduced to \$20

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: _____