

# TRAVEL MEDICINE AND VACCINATION INFORMATION

**A. Patient Information**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_ PC/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear of our clinic? (Please check the boxes that are applicable.)

- Health Canada
- Family Physician
- Travel Agency, if yes, which one \_\_\_\_\_
- Website
- Advertisement, if yes, where did you see it \_\_\_\_\_
- Insurance Agency, if yes, which one \_\_\_\_\_
- Other \_\_\_\_\_

**B. Travel Itinerary**

Leave Calgary                      Date: \_\_\_\_\_

Return to Calgary                      Date: \_\_\_\_\_

Country	Specific Destination	Activities/ Accommodation	Dates

Comments: \_\_\_\_\_

**C. Medical History**

Please list all medication you are currently taking and why: \_\_\_\_\_

Please list any and all allergies: \_\_\_\_\_

**Have you ever had:**

- Seizures, fits or epilepsy?             No             Yes \_\_\_\_\_
- Liver disease or jaundice?             No             Yes \_\_\_\_\_
- Severe depression or psychotic illness?  No             Yes \_\_\_\_\_
- Reactions to drugs or vaccinations?     No             Yes \_\_\_\_\_
- Are you pregnant?                       No             Yes \_\_\_\_\_
- Are you using birth control?             No             Yes \_\_\_\_\_