

Pre-Travel Assessment Form

First and Last Name:		Ag	Age: Date of Birth (dd/mm/yyyy):				
			☐ Female ☐ Male				
OHIP #:			☐ Breastfeeding				
			☐ Pregnant, which trimester?				
Address: (street, city, postal code):		Pi	Phone #:				
		Eı	Email:				
Weight (children): lbsor-		Fa	Family Doctor Name:				
		ge. De	Doctor Office Phone #:				
		l l					
Perso	nal Medical Histor	V		Current N	ledical Condition		
	ed immune system						
medical conditions		,			☐ Kidney disease		
☐ I am currently taking corticosteroid medicati (ie. prednisone).			σт	hymus disease	☐ Liver disease or hepatitis		
☐ Someone else in my household has a weak immune system.			ed 🗆 N	lo spleen	☐ Ear/hearing problems		
☐ I recently had su	ırgery.			lood clots	☐ Cancer/Chemotherapy		
☐ I have a history of Guillain-Barre syndrome.				lleeding order	□ HIV		
☐ I am living with o	disability.			Seizure	☐ Heart disease		
☐ My health is generally good.				Diabetes	☐ Lung disease		
☐ I have had serious reactions to a vaccine be (ie. anaphylaxis).			fore Gastrointestinal disorders		□ Stroke		
☐ I have received	vaccine in the <i>last</i> n	nonth. It wa	as:		☐ Myasthenia gravis		
,					st all allergies , including to , food, latex, chemicals, ons.		



Townline Guardian Pharmacy | 1414 King St E #10A, Courtice, ON L1E 3B4 | Tel: 905-721-8828 | lulugao@townlinepharmacy.ca

	PLEASE PROVIDE INFORMATION ABOUT YOUR TRIP (please select all applicable categories)						
PLEASE PRO	VIDE INFORM	IATION AI	BOUT YOU	R TRIP (please	select all applica	ble categories)	
Why are you tratime?	avelling this	☐ Business ☐ Pleasure ☐ Other:					
What kind of travel?		☐ Independent travel ☐ Package tour ☐ Camping ☐ Cruise ship ☐ Backpacking ☐ Trekking					
Where will you be staying at?		☐ Premium hotel ☐ Budget hotel ☐ Hostels ☐ Family/friends home ☐ Camping					
Who is travelling with you?		☐ Solo ☐ Hostels ☐ With family/friends ☐ Group					
Are you travelling with young children?		□ Yes □ No					
Are you doing charity work overseas? (refugee camps, missionary work)		□ Yes □ No					
		☐ Scuba diving			☐ Adventure travel		
Are you going to do any of these activities during your trip?		☐ Rafting or other water exposure			☐ Exposure to extreme heat or cold		
		☐ Safari or any anticipated interaction with animals			□ Jungle		
		☐ Spending time in rural communities			☐ Disaster relief		
		☐ Going to a high altitude			☐ Provide or receive medical care		
Date of Depart	ture from Car	nada (dd/m	nm/yyyy):				
Date of Return	n to Canada (d	dd/mm/yyyy	<i>ı):</i>				
Travel Destina	ations (please	list in the	order of entr	ry)			
Country			Urban/Rural Accommo		dation Type	Time spent in this country (days)	



	Travel Vaccination History	
Vaccine	DATE of LAST Dose	Dates of All Previous Doses
Hepatitis A (Avaxim/Havrix/Vaqta)		
Hepatitis B (Engerix/Recombivax HB)		
Hepatitis A & B Combined (Twinrix)		
Hepatitis A & Typhoid Combined (ViVAXIM)		
Japanese Encephalitis (Ixiaro)		
Meningococcal (Menveo/Menactra/Nimenrix) (Bexsero/Trumenba)		
Rabies (IMOVAX-Rabies/RabAvert)		
Typhoid (Vivotif, Typhim Vi)		
Traveler's Diarrhea / Cholera (Dukoral)		
Yellow Fever (YF-Vax)		
Malaria Chemoprophylaxis	Have you taken medications to prevent Yes No	malaria in the past?
	□ Yes	malaria in the past?
	□ Yes □ No Routine Vaccination History e? □ Yes □ No, please see your family doctor for	or routine vaccination
Chemoprophylaxis Is your routine vaccination up to date Vaccine	□ Yes □ No Routine Vaccination History e? □ Yes	or routine vaccination
Chemoprophylaxis Is your routine vaccination up to date	Routine Vaccination History e? Yes No, please see your family doctor for Unsure, please see your family doc	or routine vaccination tor for routine vaccination
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Chemoprophylaxis Is your routine vaccination up to date Vaccine Tetanus/Diphtheria/Pertussis	Routine Vaccination History e? Yes No, please see your family doctor for Unsure, please see your family doc	or routine vaccination tor for routine vaccination
Chemoprophylaxis Is your routine vaccination up to date Vaccine Tetanus/Diphtheria/Pertussis Polio	Routine Vaccination History e? Yes No, please see your family doctor for Unsure, please see your family doc	or routine vaccination tor for routine vaccination
Chemoprophylaxis Is your routine vaccination up to date Vaccine Tetanus/Diphtheria/Pertussis Polio H. influenzae type b	Routine Vaccination History e? Yes No, please see your family doctor for Unsure, please see your family doc	or routine vaccination tor for routine vaccination
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PLEASE READ CAREFULLY OF THE FOLLOWING INSTRUCTION:

Please email the following documents to *Iulugao*@townlinepharmacy.ca or drop them off in person.

Required Documents:

- 1. Please download and fill out the **Pre-Travel Assessment Form** for *each* person
- 2. Please gather **Vaccination Record** for each person from all sources that shows the dates of previous vaccination and all boosters received.
- 3. Please provide **Flight itinerary** (direct flight, duration of layover)
- 4. Please provide Daily itinerary. Where are you planning to visit every day? What are you planning to do?
- 5. Please provide a photo of the *front* and *back* your **insurance card** for travel vaccines/medication coverage.

Please visit our website www.townlinepharmacy.ca to learn about our consultation fees. Cost of vaccine itself is in addition to the consultation fee and it is subject to your insurance coverage status for the vaccine, which will only be determined at your consultation appointment. To make the most out of one consultation, please gather all requested documents to avoid the need for additional consults. Additional consultations will be charged separately.

Only at your consult appointment, we will review:

- Recommended vaccines/medication for your travel destination
- Review individual vaccination history & discuss what vaccines are still recommended or required.
- Discuss your prescription coverage for those recommended vaccines.
- Address any of your questions about the recommended vaccines

We do all of the above at your appointment (not before). Please first submit all documents ahead of time as soon as possible (preferably at least 1 month before your departure). Once we receive all your documents, we will reach out to you to schedule your consult appointment.