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

Pre-Travel Assessment Form

First and Last Name:		Age:	Date of Birth *(dd/mm/yyyy):*
OHIP #:		☐ Female ☐ Male ☐ Breastfeeding ☐ Pregnant, which trimester? _____	
Address: (street, city, postal code):		Phone #:	
		Email:	
Weight (children): _____ *lbs* *-or-* _____ *kg*	☐ I have private insurance coverage.	Family Doctor Name: Doctor Office Phone #:	

Personal Medical History	Current Medical Condition	
☐ I have a weakened immune system due to my medical conditions or medications.	☐ Mental health conditions	☐ Kidney disease
☐ I am currently taking corticosteroid medication (ie. prednisone).	☐ Thymus disease	☐ Liver disease or hepatitis
☐ Someone else in my household has a weakened immune system.	☐ No spleen	☐ Ear/hearing problems
☐ I recently had surgery.	☐ Blood clots	☐ Cancer/Chemotherapy
☐ I have a history of Guillain-Barre syndrome.	☐ Bleeding disorder	☐ HIV
☐ I am living with disability.	☐ Seizure	☐ Heart disease
☐ My health is generally good.	☐ Diabetes	☐ Lung disease
☐ I have had serious reactions to a vaccine before (ie. anaphylaxis).	☐ Gastrointestinal disorders	☐ Stroke
☐ I have received vaccine in the *last* month. It was:	☐ Psoriasis	☐ Myasthenia gravis

Please list **all current medications**, including prescription and non-prescription medications.	What are these medications used for?	Please list **all allergies**, including to vaccines, food, latex, chemicals, medications.

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PLEASE PROVIDE INFORMATION ABOUT YOUR TRIP (please select all applicable categories)		
Why are you travelling this time?	☐ 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	
Are you going to do any of these activities during your trip?	☐ Scuba diving	☐ Adventure travel
	☐ 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 Departure from Canada *(dd/mm/yyyy):*		
Date of Return to Canada *(dd/mm/yyyy):*		

Travel Destinations (please list in the order of entry)

Country	Town/City	Urban/Rural	Accommodation Type	Time spent in this country (days)

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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 malaria in the past? ☐ Yes ☐ No	

Routine Vaccination History		
Is your routine vaccination up to date? ☐ Yes ☐ No, please see your family doctor for routine vaccination ☐ Unsure, please see your family doctor for routine vaccination		
Vaccine	**DATE of LAST Dose**	**Dates of All Previous Doses**
Tetanus/Diphtheria/Pertussis		
Polio		
H. influenzae type b		
Human Papillomavirus (HPV)		
Chickenpox		
Measles/Mumps/Rubella		
Covid-19 vaccination		
Pneumococcal (Prevnar/Pneumovax)		
Shingles (Zostavax/Shingrix)		
Yearly Flu Shot		

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Please email the following documents to ***general@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.

To make the most out of of one consultation, please gather all requested documents to avoid the need for additional consults. Additional consultations will be charged separately. Once we receive all your documents, we will reach out to you to schedule your appointment.