

BOWMONT TRAVEL CLINIC

6535 Bowness Road NW, Calgary, Alberta, T3B 0E8 Phone: (403) 247-0787

Please bring completed form to your appointment along with your itinerary and vaccine records.
Please complete one form per person.

Name: _____ Date: _____
Preferred Name: _____ Gender: _____
Date of Birth: _____ Alberta Healthcare Number: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

How did you hear of our clinic? _____

Is your travel for: Business, Vacation, Volunteer/Mission, Visiting Family, Other? _____

Cruise Travel: Please bring itinerary into the consult with you and leave this section blank.

| Country Travelling to: | Date of trip: | Duration of Stay: |
|------------------------|---------------|-------------------|
| | | |
| | | |
| | | |

Do you have any Medical Conditions? No Yes, complete below.

| | Y | N | | Y | N |
|----------------------------|---|---|---|---|---|
| Psoriasis | | | Chemotherapy or Radiation (in the last 4 months) | | |
| Seizure Disorder | | | Are you Immunosuppressed? (leave blank if unknown) | | |
| Lung Condition | | | Are you taking biologics? (leave blank if unknown) | | |
| High Blood Pressure | | | Prednisone or steroids (incl. Injections) in the last 4 weeks | | |
| High Cholesterol | | | Organ/Marrow Transplant | | |
| Diabetes | | | Leukemia/Lymphoma/Recent Cancer | | |
| Heart Condition/Arrhythmia | | | Spleen Removed/No Spleen | | |
| Heartburn/Acid Reflux | | | Pregnant or planning to become pregnant? | | |
| Digestive Tract Problems | | | Nursing? | | |
| Other: | | | | | |

What prescription and over the counter medications and vitamins do you take?

Allergies (Drug/Other) No Yes - If yes, please list: _____

Have you been vaccinated in the past 4 weeks? If yes, which vaccine(s) have you received?

Please put your first name on the second page and return the form to the receptionist. Thank you.

First name: _____ Age: _____

FOR CLINIC USE ONLY

| | |
|---|--|
| Consult Fees | Resort Fees – Mexico, Caribbean, USA, Western Europe |
| Single - \$60 | Single - \$45 |
| Couple - \$110 | Couple - \$80 |
| Family (up to 4) - \$150 | Family (up to 4) - \$100 |
| Each additional family member: \$35 x # _____ | Each additional family member: \$25 x # _____ |

****All family groups must attend the consult together****
 Pre-travel consultants reserve the right to alter consult fees

Latex Eggs/Chicken - OK Adhesives Fainting Immunocompromised Weight:

VACCINE PRICES: All prices include administration of the vaccine series (no Injection Fee)

| | Adult | Child | | |
|--------------------------------|-------|-------|-------------------------------------|------------|
| Hepatitis A** | \$75 | \$50 | Shingles (Shingrix)** | \$195 |
| Hepatitis B*** | \$50 | \$40 | HPV (Gardasil) ** | \$200 |
| Hepatitis A and B (Twinrix)*** | \$85 | \$55 | ETEC/Cholera (Dukoral) – Dbl/Single | \$130/\$70 |
| Tetanus/Diphtheria | \$55 | | Typhoid – Oral/Injectable | \$70 |
| Tetanus/Diphtheria/Pertussis | \$65 | | TB - Mantoux | \$85 |
| Polio (IPV) | \$80 | | Yellow Fever | \$220 |
| Tdap + Polio | \$105 | | MMR | \$70 |
| Meningitis ACYW (incl. cert.) | \$140 | | Yellow Fever - Exemption Card | \$15 |
| Meningitis B ** | \$130 | | Yellow Fever - Replacement Card | \$15 |
| Japanese Encephalitis** | \$235 | | | |
| Rabies *** | \$245 | | Flu – Standard / HD | Free |
| Chikungunya | \$210 | | COVID | Free |
| | | | RSV (AREXVY and Abryvso) | \$300 |
| Immunization Booklet | \$5 | | Prevnar 20 | \$160 |
| Immunization Record update | \$15 | | Tdap | Free |

* Some vaccines require more than one injection. Prices are per injection.

_____ Reviewed contraindications to live vaccines with patient.

_____ No antibiotic use in the last 2 weeks.

Injection Schedule

| |
|-----|
| Day |
| Day |
| Day |
| |

Patient notified to wait 15 minutes prior to departure.