BOWMONT TRAVEL CLINIC

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

Please bring to your appointment: Vaccination records (childhood/travel) and travel itinerary

☐ I have attended the clinic before and there are no changes to my address or contact information.

Name: ____ **Date:** ____________________
Address: ____
City: ____________________ **Province:** ________________ **Postal Code:** _____________
Phone: Home: ___________ **Work:** ___________________ **Cell:** ____________________

E-Mail: _________________________________ **Gender:** ☐ **Male** ☐ **Female**

Birth Date (DD/MM/YYYY) **:** ______________ **Alberta Healthcare Number:** ____________________

Please answer the following questions to the best of your ability they will be discussed further during your consult.

Immunized as a child? ☐ **Yes No** ☐ **Birthplace**___________

Date of Trip:_____________________ **Family Physician:** ____________________

Countries travelling to		Duration of stay

Activities Planned during Travel:				
☐ Rural/remote	☐ Diving	☐ High Altitude	☐ Surfing	☐ Camping
☐ Urban/city	☐ Climbing	☐ Snorkeling	☐ Tour	☐
I would define my travel as :				
☐ Business/Work	☐ Vacation	☐ Volunteer/Mission	☐ Backpacking	☐ Visiting Family

Medical Conditions : ☐ **None**

	Yes	No		Yes	No
Psoriasis	☐	☐	Recent chemotherapy (last 4 months)	☐	☐
Emotional/Psychiatric Condition	☐	☐	Recent radiation (last 4 months)	☐	☐
Seizure Disorder	☐	☐	Immunocompromised or immunosuppressed	☐	☐
Lung Condition	☐	☐	Spleen Removed / No spleen	☐	☐
Migraines	☐	☐	Organ / Bone marrow transplant	☐	☐
High blood pressure	☐	☐	Leukemia/Lymphoma / Recent cancer	☐	☐
Digestive Tract Problems	☐	☐	Pregnant or planning to become pregnant?	☐	☐
Heartburn/Acid Reflux	☐	☐	Diabetes	☐	☐
Arrhythmia / Heart Condition	☐	☐	**Other**		
High Cholesterol	☐	☐			

Have you been vaccinated in the past 4 weeks? (If yes, which vaccine?) ☐Yes ☐No

____

What prescribed and over the counter medications do you take? :

Drug Allergies? ☐ Yes ☐ No **If yes, list:** ___________________________________

Other Allergies? ☐ Yes ☐ No **If yes, list:** ___________________________________

Anaphylactic Reaction? ☐ Yes ☐ No **If yes, list:** ___________________________________

Have you had an adverse reaction to an anti-malarial? ☐ Yes ☐ No **If yes, which one?**_________

Please check if you are allergic to : ☐ Latex ☐ Eggs/Chicken ☐ Adhesive Bandages

How did you hear of our clinic? _________________________

For Clinic Use

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.	

Vaccine Fees - Prices include administration of the vaccine.

Vaccine	Adult	Child	Vaccine	Price
☐ Hepatitis A**	$65	$45	☐ Yellow Fever	$145
☐ Hepatitis B***	$45	$35	☐ Mantoux	$35
☐ Hep A/ Typhoid	$110		☐ MMR	$65
☐ Twinrix ***	$75	$45	☐ Rabies ***	$220
☐ Dukoral – double/single	$86	$43	☐ Shingles	$195
☐ Typhoid injectable/oral	$55		☐ Meningitis Bexsero	$125
☐ Tetanus/Diphtheria	$25		☐ Meningitis ACYW	$150
☐ Tetanus/Diphtheria/Polio	$80		☐ Japanese Encephalitis **	$220
☐ Tetanus/Diphtheria/Pertussis	$55		☐ Gardasil***	$190
☐ Polio	$65		☐ Influenza (Flu)	FREE
☐ Tdap+Polio	$105		☐ Florastor Capsules 10/50	$16/$42
***Some Vaccines require more than one injection. Prices are per injection**				

_______ Reviewed contraindications to live vaccines with patient.

I, ______________________________ consent to receiving the vaccines as documented above.

Signature:____ Date: ___________________

_______ I am aware that it is recommended that patients wait for a minimum of 15 minutes prior to departing the clinic after vaccination.