PHARMASAVE **Pre-Travel Health Assessment** **Email to: pharmasaveamanda@gmail.com**

Personal Details

Name:	Date of Birth (dd/mm/yyyy): _____
❒ Male ❒ Female	Weight _____kg or _____ lb
Telephone number: _____	Email: _____ _____
Provincial health care number: _____	Family Doctor:_____

Personal Medical History

Women: Are you pregnant or breastfeeding?	❒ Yes ❒ No	Are you travelling with young children?	❒ Yes ❒ No
Have you been told you have a weakened immune system?	❒ Yes ❒ No	Are you doing charity work overseas? (refugee camps, missionary work)	❒ Yes ❒ No
Are you feeling well today?	❒ Yes ❒ No	Do you or a family member have epilepsy?	❒ Yes ❒ No
Is your health generally good?	❒ Yes ❒ No	Does anyone in your household have a lowered immunity?	❒ Yes ❒ No
Have you ever fainted or felt unwell after an injection?	❒ Yes ❒ No	Do you have a history of mental illness such as depression or anxiety?	❒ Yes ❒ No
Any serious reaction to a vaccine?	❒ Yes ❒ No	Do you have a history of:	
Any vaccines in the last month?	❒ Yes ❒ No	Jaundice/hepatitis	❒ Yes ❒ No
Are you currently taking any steroid medications?	❒ Yes ❒ No	Blood clots	❒ Yes ❒ No
		Ear/hearing problems	❒ Yes ❒ No
		Cancer/chemotherapy	❒ Yes ❒ No
Are you allergic to eggs, any antibiotics, or latex?	❒ Yes ❒ No	HIV/AIDS	❒ Yes ❒ No
		Diabetes	❒ Yes ❒ No
Any other allergies?	❒ Yes ❒ No	Heart disease	❒ Yes ❒ No
		Thymus problems/history	❒ Yes ❒ No

Please List all Current Medications: (Prescription or over-the counter)	Please List any Allergies: (Food or Medications)
1._____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	**Please list any other medical conditions**
5. _____	
6. _____	1. _____
7. _____	2. _____
	3. _____

Immunization History

Did you receive all your childhood vaccinations?
❒ Yes ❒ No ❒ Not sure

When was the date of your last tetanus shot?
Date (dd/mm/yyyy):_____ ❒ Not sure

Annual flu vaccine	❒ Yes	❒ No	❒ Not Sure
Pneumonia vaccine	❒ Yes	❒ No	❒ Not Sure
Chicken pox vaccine	❒ Yes	❒ No	❒ Not Sure
MMR vaccine (1 or 2 doses?)	❒ Yes	❒ No	❒ Not Sure
Hepatitis B vaccine	❒ Yes	❒ No	❒ Not Sure
HPV vaccine	❒ Yes	❒ No	❒ Not Sure

Have you ever received the following immunizations?

Hepatitis A (1 or 2 doses?)	❒ Yes	❒ No	Date:_____
Rabies	❒ Yes	❒ No	Date:_____
Yellow Fever	❒ Yes	❒ No	Date:_____
Japanese encephalitis	❒ Yes	❒ No	Date:_____
Tick borne encephalitis	❒ Yes	❒ No	Date:_____
Typhoid	❒ Yes	❒ No	Date:_____
Dukoral	❒ Yes	❒ No	Date:_____
Meningitis	❒ Yes	❒ No	Date:_____
Polio	❒ Yes	❒ No	Date:_____

Trip Details:	
Date of departure from Canada (dd/mm/yyyy):_____	Date of return to Canada (dd/mm/yyyy):_____

Travel Details:

Country	Town/City	Urban/Rural	Accommodations	Time spent in this country	Time of year visiting

Describe your travel experience

❒ New traveller	❒ Local trips, never overseas	❒ Travelled overseas	❒ Experienced traveller

Please provide additional information about your trip:

Reason for Travel

❒ Business	❒ Pleasure	❒ Other:_____

Holiday Type

❒ Package	❒ Camping	❒ Self-organized	❒ Cruise ship	❒ Backpacking	❒ Trekking

Most common type of accommodation

❒ Premium hotel	❒ Budget hotel	❒ Hostels	❒ Friends/family home	❒ Camping

Who is travelling with you?

❒ Solo	❒ With family/friend	❒ Group

Are any of the following activities be included in your trip plans? (please check all that apply)

❒ Scuba diving	❒ Adventure travel
❒ Going to a high altitude	❒ Exposure to extreme heat or cold
❒ Safari	❒ Jungle
❒ Spending time in rural communities	❒ Other: _____

Please let us know your primary concerns with your trip or this travel health assessment (check all that apply)

❒ Getting sick while away	❒ Who to contact if emergency occurs overseas
❒ Travelers' diarrhea	❒ Travel insurance
❒ Safety and efficacy of vaccines	❒ Personal safety overseas
❒ Antimalarial medications	❒ Tips to lower your risk of getting sick or hurt overseas
❒ Cost of medications and immunizations	

Are there any other concerns that you have that were not discussed on this form?

_____

_____

Please **google "CDC" and the country of your travel, ie "CDC Thailand"** to read up on relevant travel information that is specific to your trip. This is a great resource! Bring this form in when complete.

A good comparison chart on anti-malarials can be found if you **google: "CDC How to choose anti-malarial"**