

PRE-TRAVEL QUESTIONNAIRE

Simple Other

Date of Request: _____ Departure Date: _____

Clinic Appointment: Date: _____ Will call Not wanted

NAME:	Date of Birth:
Phone (Home):	Phone (Work):

TB Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Result (if known):
Immunization record available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previously immunized at the Health Unit? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any health concerns? (i.e. allergies/immunodeficiency) _____

Travel Companions

Name	Date of Birth

Type of Travel

- | | |
|--|---|
| <input type="checkbox"/> Pleasure | <input type="checkbox"/> Work |
| <input type="checkbox"/> Organized tour | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Exchange student, school trip | <input type="checkbox"/> Backpacking/trekking |

Travel Information

Itinerary	Length of Stay	Location		Type of Accommodation				
		Urban	Rural	Hotel/Resort	Home	Hostel	Camp	Other (specify)
Countries	# of Days							

Cost of vaccine discussed Yes No

