Valley Ridge Pharmacy I Pre-Travel Questionnaire

300- 11245 Valley Ridge Dr NW, Calgary AB T3B 5V4. Tel | 403-532-4500

Please bring any vaccination records (childhood/travel) and travel itinerary when you arrive at the clinic. Please fill this form for each family member.

Personal Information

First Name:	Last Name:
Address:	Postal Code:
Date of Birth:	Gender: ☐ Male ☐ Female
Weight:	Height:
Phone:	Email:
Family Physician:	Family Physician Phone:
Country of Birth:	Alberta Healthcare Number:
Have you immunized as a child? ☐ No ☐ Yes	

When are you planning to travel?

Date of Departure: Duration of the trip: _____ days _____ weeks _____ months

List all countries, cities and regions you will visit during your trip:

Country	City / Region	Dates (from – to) (mm/dd/yyyy)
		—
		—
		—
		—

What is your purpose of travel?

☐ Vacation	☐ Education/summer camp	☐ Religious visit	☐ Business or Work
☐ Visiting family/friends	☐ Volunteer/Mission	☐ Backpacking	☐ Other:

What are the activities planned during the trip?

☐ Healthcare activities	☐ Rural/remote	☐ Adventure tour	☐ Safari
☐ Volunteer/Humanitarian activities	☐ Urban/City	☐ Rafting/Water sports	☐ Diving
☐ Jogging, running, cycling	☐ High altitude activities/ climbing	☐ Other:	

Please answer following medical history questions to the best of your ability:

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

Do you have or had any of the following medical conditions? ☐ No ☐ Yes:

☐ Seizures or epilepsy	☐ Diabetes (do you require insulin?) Type:	☐ Organ, bone marrow, stem cell transplant
☐ Psoriasis	☐ Lung conditions	☐ Recent chemotherapy or radiation
☐ Arrhythmia or Heart Disease	☐ Heart attack	☐ Spleen removed
☐ Depression or anxiety	☐ Cirrhosis or Liver failure	☐ HIV/ AIDS
☐ Psoriatic arthritis or RA	☐ History of cancer or blood disorder	☐ Chronic hepatitis
☐ Thymus disease or thymectomy	☐ High Blood Pressure	☐ Other:

Are you pregnant, planning a pregnancy, or currently breastfeeding? ☐ No ☐ Yes
If Yes, please Explain:

Are you taking any medications? If Yes, list current medications:

(List prescription and over-the-counter medications):

Are you allergic to any of the following? ☐ No

☐ Eggs	☐ Bee / wasp	☐ Latex	☐ Antibiotics (e.g:pencillin,sulfa)
	☐ Yeast	☐ Tetracycline	
☐ Other Food: Describe reaction:	☐ Gelatin	☐ Seasonal	☐ Other:

Vaccination History

☐ I have not had any vaccinations in the past 10 years

Vaccine	Date of Vaccination	Vaccine	Date of Vaccination
☐ Td (tetanus/diphtheria)		☐ Polio	
☐ Tdap		☐ Pneumococcal	
☐ DTP (diphtheria/tetanus/polio)		☐ Rabies	
☐ Hepatitis A		☐ TBE vaccine	
☐ Hepatitis B		☐ Yellow fever	
☐ Hepatitis A & B combo		☐ Zoster (shingles)	
☐ Typhoid fever		☐ Tick borne encephalitis	
☐ Hepatitis A/Typhoid combo		☐ Dukoral (cholera & travellers diarrhea)	
☐ HPV		☐ Varicella (chicken pox)	
☐ Influenza		☐ Antimalarial medication	
☐ Japanese encephalitis		Others: ☐	
☐ Meningitis		☐	
☐ MMR (measles/mumps/rubella)		☐	

Travel Consultation and Vaccination Fees | Please note that we can direct bill your travel vaccines and medications to your health insurance plan depending on your coverage. Talk to our pharmacist/travel consultant for more information.

Consult Fees:	Injection Fees:
Single: $50.00 Couple: $90.00 Family of up to 4: $150.00 Each additional family member: $35.00	$20 per vaccine at initial consult $20 per vaccine subsequent booster doses

I…… consent to receiving the vaccines as documented by Valley Ridge Pharmacy's certified travel consultant/pharmacist. I am also aware that it is recommended that patients wait for a minimum of 15 minutes prior to departing the pharmacy after vaccination.

Signature of the Patient/Guardian: ……

To Be Completed by Pharmacist

Based on pre-travel questionnaire, in person consultation, destination and activities:

General Comments:

Vaccinations and Recommendations:

Pharmacist Name: _____

Date: _____

Pharmacist Signature: _____