

Claresholm Pharmacy Pre- Travel Assessment Form

Today's date: _____

Patient's Name: _____ Date of Birth: _____

Alberta Health Care Number: _____ Gender: _____

Weight (for children only): _____ Telephone Number: _____

Allergies: _____

Date of Travel: _____ Duration of Travel: _____

Flight Itinerary **Some countries or regions may require proof of vaccinations or have vaccines recommended for their area. Please specify the town or region as best as possible**

Travel Destination(s): _____

What is your reason for travel? (vacation, business, visiting relatives) _____

Are you travelling to seek medical services from another country? _____

If yes, please list medical service being provided _____

Medical Conditions (please indicate if you are pregnant or breastfeeding)

Medication History- Some medications may interfere with the travel vaccinations/other medications you might need during your travel. (please list prescription medications and over-the-counter medications)

Questionnaire:

- Have you had any vaccines (routine or for travel purposes) in the past?

Please be advised that if you are from another province or have moved to Alberta that you can call your regions health authority to get vaccination records and can be sent to the pharmacy for assessment

- If yes, please list name and approximate date of service

- Did you have an adverse reaction to any vaccines? _____

- If yes, please list name of medication and side effects

- If traveling by air or by boat, any problems with altitude or sea sickness? _____

- Where will you be staying? (Ie. Resort, condo, hostel) _____

- Will your food/drinks be prepared by yourself?

- Do you have any activities/excursions planned? _____

- If yes, please list:

Emergency Contact Information

Required in case an adverse reaction happens when you receive a vaccination from the pharmacy. Please notify us of any changes in to your emergency contact information.

Name (first and last): _____

Telephone number (primary): _____ Secondary: _____

Relationship to Patient: _____