Palliser Medical Clinic

Travel Questionnaire

First Name

Last Name

Gender M /F

Home Phone

Cell Phone

Work Phone

Date of Birth

Prov. Health Care #

Domicile

 Alberta

 Not Alberta

DEPARTURE Date from Canada

RETURN Date to Canada

Not Alberta? Specify:

Born in Canada? Yes/No

 If not, where?

Raised in Canada? Yes /No

 If not, where?

Email

Street Address

City

Postal Code

List each country you will be visiting -- and Length of Stay in each:

Will you visit rural or forested areas? Specify:

Expected contact with animals. Specify:

Adventure trips? (Safari, kayaking, camping, etc?)

List planned activities, sight-seeing, while away:

Reason for Travel

Accommodation (Camp, Family, Hostel, etc. -- list all:

Mode/s of Transportation

Layovers en route? Specify:

Childhood Vaccinations -- Up-to-date /Not up-to-date

If not up-to-date, please explain:

Immunizations within last 10 years? Yes /No

If Yes, please list:

Allergies? Yes/ No

If Yes, please list:

Allergic Reactions to Vaccinations Yes /No

If Yes, please list:

Allergic to eggs? Yes/No

Allergic to latex? Yes /No

Medical Conditions? Yes/ No

If Yes, please explain:

List presciptions, over-the-counter and herbal medications:

HIV Positive: Yes /No

Malignant Neoplasm Yes/ No

Recent Transplant Yes /No

Chemotherapy Yes/ No

Thymus Gland Disorder? Yes/ No

Are you pregnant? Yes/ No

N/A

Breast Feeding? Yes No

N/A

Anticipated surgery while away? Yes/ No

If yes, please explain: