TRAVEL WELL Pre-Travel Health Assessment Form

Personal Detail			
Name:		**DOB (dd/mm/yyyy):**	**Age:**
Address: (street, city, postal code)		☐ Male ☐ Female ☐ Other	
		Home Phone: _____ **Mobile Phone:** _____ **Email:** _____	
Weight: _____ lbs, or _____ kg	**Provincial health card number:** _____	**Family doctor:** _____	

I, _____ (patient's name), confirm that I have received medical clearance, based on my medical comorbidities, to travel from my primary care provider. I also give consent to receive a travel service from a remote physician / Dr. Jeff Remington.

Signature: _____ **Date (dd/mm/yyyy):** _____

Personal Medical History			
Women: Are you pregnant or breastfeeding?	☐ Yes ☐ No	Are you travelling with young children?	☐ Yes ☐ No
Do you have a weakened immune system?	☐ Yes ☐ No	Are you doing charity work overseas? (refuges camps, missionary work)	☐ Yes ☐ No
Is your health generally good?	☐ Yes ☐ No	Does anyone in your household have a lowered immune system?	☐ Yes ☐ No
Have you ever fainted or felt unwell after an injection?	☐ Yes ☐ No	Do you have history of mental illness such as depression or anxiety?	☐ Yes ☐ No
Any serious reaction to a vaccine?	☐ Yes ☐ No	Have you suffered from? (check if applicable) ☐ Jaundice/hepatitis ☐ Blood clots ☐ Ear/hearing problems ☐ Cancer/chemotherapy ☐ HIV/AIDS ☐ Diabetes mellitus ☐ Heart disease	
Any vaccines in the last month?	☐ Yes ☐ No		
Are you currently taking any steroid medications?	☐ Yes ☐ No		
Are you allergic to eggs, any antibiotics, or latex?	☐ Yes ☐ No		

Please list all current medications (prescription or over-the counter)	Please list any allergies or intolerances (reaction)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	**Please list any other medical conditions**
6. _____	1. _____
7. _____	2. _____
8. _____	3. _____
9. _____	4. _____
10. _____	5. _____

☐ Please see additional sheet (i.e., patient medication list, pharmacy profile), if necessary

Immunization History

Are your regular immunizations up to date?
☐ Yes ☐ No ☐ Not sure

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

Have you had the following vaccines?

Annual influenza	☐ Yes	☐ No	☐ Not sure
COVID-19	☐ Yes	☐ No	☐ Not sure
RSV	☐ Yes	☐ No	☐ Not sure
Pneumonia	☐ Yes	☐ No	☐ Not sure
Shingles / zoster	☐ Yes	☐ No	☐ Not sure
MMR	☐ Yes	☐ No	☐ Not sure

Travel Vaccine History

Have you ever received the following vaccines?

Hepatitis A	☐ Yes	☐ No	☐ Not sure
Hepatitis B	☐ Yes	☐ No	☐ Not sure
Rabies	☐ Yes	☐ No	☐ Not sure
Yellow fever	☐ Yes	☐ No	☐ Not sure
Japanese encephalitis	☐ Yes	☐ No	☐ Not sure
Ticke borne encephalitis	☐ Yes	☐ No	☐ Not sure
Typhoid	☐ Yes	☐ No	☐ Not sure
Dukoral	☐ Yes	☐ No	☐ Not sure
Meningitis	☐ Yes	☐ No	☐ Not sure

Trip/Travel Details

Date of departure from Canada (dd/mm/yyyy): _____

Date of return from Canada (dd/mm/yyyy): _____

Country	Town/City	Urban/Rural	Accommodations	Time spent in country

Rate Your Travel Experience

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

Additional trip details

Reason for travel

☐ Business ☐ Pleasure ☐ Other: _____

Holiday type

☐ Independently arranged ☐ Camping ☐ Cruise ship ☐ Backpacking/trekking

Accommodation type (most common)

☐ Hotel/Resort ☐ Hostels ☐ Friends/family home ☐ Camping

Who is travelling with you?

☐ Solo ☐ With family/friend ☐ Group

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

☐ Scuba diving
☐ High altitude
☐ Safari/jungle
☐ Adventure travel
☐ Time spent in rural communities
☐ Other: _____

What are your primary concerns with your trip or this travel health assessment? (check all that apply)

☐ Getting sick while away/travellers' diarrhea
☐ Safety and efficacy of vaccines
☐ Antimalarial medications
☐ LGBTQ+ travel concerns
☐ Who to contact while away in the case of emergency
☐ Personal safety
☐ Tips to lower risk of getting risk or hurt

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

Confidentiality Statement: All personal and medical information provided on this form is strictly confidential and will be used solely for the purpose of assessing your travel health needs. Your information will only be shared with authorized healthcare professionals involved in your care and will not be disclosed to any third parties without your consent, except as required by law.