London Travel Clinic
Medical Assessments and Immunization for International Travel

Last Name: _____ First Name: _____

Sex: M☐ F☐ Pregnant? Y☐ N☐

Appointment Date YY/MM/DD: ___/___/___ Depart Date YY/MM/DD:___/___/___

Birth Date YY/MM/DD: ___/___/___ Country of Birth: _____

Address: _____City/Town: _____

Postal Code: _____ Phone: ( ) _____

Duration of Travel (days):_____

Planned Country(ies) of Destination:_____

Location(s) in Country(ies) of Destination: _____

Reason for Travel: Business☐ Tourism☐ Backpacking☐
Visit Relatives Friends☐ Live and Work☐ Other: _____

Previous Canadian Immunizations: Up to date☐ None in over 10 years☐
Don't know ☐ (Information often available at Public Health Unit)

Year of Previous Travel Immunizations: Hepatitis A _____ Typhoid Vi_____

Typhoid Oral (Vivotif)**_____ Yellow Fever _____ Japanese Enceph _____**

Other:_____ Other:_____

Underlying Medical Conditions: _____

Current Medications: _____

Drug Allergy: Y☐ N☐ Drug Names: _____

Egg Allergy: Y☐ N☐ Other Allergies:_____

Thank You! Please bring this optional form with you to your appointment.
All information will be kept confidential in your chart.