



Please complete **Page 1** of this form and email to [midmain.notifications@gmail.com](mailto:midmain.notifications@gmail.com) or fax to **604-875-8790**

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[www.midmain.net](http://www.midmain.net)

## Travel Questionnaire

Name (Last, First): \_\_\_\_\_ CareCard: \_\_\_\_\_

Address: \_\_\_\_\_  
City Province Postal Code

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Weight (for child only): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Departure: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Trip type: Business/Service/Vacation/Other: \_\_\_\_\_

Country	Urban	Rural	Duration	Comment

Which vaccines have you had?	Date	Allergies:
Tetanus / Diphtheria		Current Medical Conditions:
Polio		
Measles / Mumps / Rubella		
Typhoid		
Hepatitis A		
Hepatitis B		
Twinrix (Hep A and B)		
Yellow Fever		
Japanese B Encephalitis		
Meningitis		
Rabies		Current Medications: (including prescription, herbal, over the counter, birth control pills)
Flu/Pneumococcal 23		
Pertussis (Whooping Cough)		
Chickenpox (vaccine or disease)		
Dukoral		
Other:		

Past medical history – Do any of the following apply to you:	
<input type="checkbox"/> Fainted from having an injection	<input type="checkbox"/> Fever in the past 24 hrs
<input type="checkbox"/> Severe reaction to immunization	<input type="checkbox"/> Current or planned pregnancy <input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Immune suppression (HIV, cancer, organ transplant, leukemia, steroid medication)	<input type="checkbox"/> Received blood products in past year
<input type="checkbox"/> History of Guillain-Barre Syndrome	<input type="checkbox"/> Bleeding disorders
<input type="checkbox"/> G6PD deficiency	<input type="checkbox"/> Thymus disorders (Myasthenia Gravis)
<input type="checkbox"/> Bowel conditions: irritable bowel syndrome/ Crohn's / colitis	<input type="checkbox"/> Disorders of spleen / liver / kidney
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Psychosis	<input type="checkbox"/> Previous seizures/epilepsy or other neurological illness
<input type="checkbox"/> Other:	<input type="checkbox"/> Heart disease <input type="checkbox"/> Diabetes

Consult By:

Immunization By:

Client Name:						DOB: M ____ D ____ Y ____			D = discussed H = handout	
<b>Date of Visit:</b>								<input type="checkbox"/>	<input type="checkbox"/>	Topics Discussed
Vaccine	Brand	Series	Site/Lot#	Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	General Health Advice			
Td-Polio / Td / Tdap	Adacel / Boostrix	1 2 3 B		Malaria:	<input type="checkbox"/>	<input type="checkbox"/>	Food & Water			
Polio	Imovax	1 2 3 B		Mel	<input type="checkbox"/>	<input type="checkbox"/>	Traveller's Diarrhea & TX			
MMR	Priorix / MMRII	1 2		Doxy	<input type="checkbox"/>	<input type="checkbox"/>	Hep A/Typhoid			
Hep A Adult	Avax / Hav / Vaq	1 2		Malarone	<input type="checkbox"/>	<input type="checkbox"/>	Insect Bites & Precautions			
Hep A Ped	Avax / Hav / Vaq	1 2		Chloro	<input type="checkbox"/>	<input type="checkbox"/>	Malaria			
Typhoid	Typhim / Vivotif	Inj Cap		Primaquine	<input type="checkbox"/>	<input type="checkbox"/>	Dengue / JE / YF			
Hep A / Typhoid	Vivaxim	1		Declined	<input type="checkbox"/>	<input type="checkbox"/>	Blood & Body Fluids			
Hep B Adult	Eng / Recomb	1 2 3 4			<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis			
Hep B Ped	Eng / Recomb	1 2 3 4		Antibiotic:	<input type="checkbox"/>	<input type="checkbox"/>	Hep B, C & HIV			
Hep A/B Adult	Twinrix	1 2 3 4		Ciprox	<input type="checkbox"/>	<input type="checkbox"/>	Animal Bites/Rabies			
Hep A/B Pediatric	Twinrix Junior	1 2 3 4		Azithrox	<input type="checkbox"/>		Schistosomiasis			
Yellow Fever	YF-Vax	1	B	Declined	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy			
Meningitis	Meno / Menactra				<input type="checkbox"/>		Jet Lag			
HPV	Gardasil / Cervarix	1 2 3		Altitude Rx:	<input type="checkbox"/>	<input type="checkbox"/>	Altitude Sickness			
Jap B Encephalitis	Ixiaro	1 2	B	Acetazolamide	<input type="checkbox"/>		MVA			
Cholera/ETEC	Dukoral	1	B	Declined	<input type="checkbox"/>	<input type="checkbox"/>	Travel Insurance			
TB	Tubersol	1 2 3 B			<input type="checkbox"/>	<input type="checkbox"/>	IAMAT			
Varicella	Varilrix / Varivax	1 2		Other Rx:	<input type="checkbox"/>	<input type="checkbox"/>	Children Travelling			
Influenza	Fluvir / Agri / Flulav	1 2			<input type="checkbox"/>	<input type="checkbox"/>	Antibodies			
Pneumococcal	Prevnar / Pneumovax				<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A Fact Sheet			
Rabies	Imovax / Rabavert	1 2 3 B			<input type="checkbox"/>	<input type="checkbox"/>	Chikungunya Fever			
					<input type="checkbox"/>	<input type="checkbox"/>	Tick Born Encephalitis			
Staff Initials: Consult _____ Immunized by: _____ MOA: _____								<input type="checkbox"/>	<input type="checkbox"/>	Other:
<b>Recommended Schedule:</b>										
Notes:										
Labs Ordered:										

<b>Date of Visit:</b>					<b>Date of Visit:</b>				
Vaccine	Brand	Series	Site/Lot#		Vaccine	Brand	Series	Site/Lot#	
Td-Polio / Td / Tdap	Adacel/Boostrix	1 2 3 B			Td-Polio / Td / Tdap	Adacel / Boostrix	1 2 3 B		
Polio	Imovax	1 2 3 B			Polio	Imovax	1 2 3 B		
MMR	Priorix / MMR II	1 2			MMR	Priorix / MMR II	1 2		
Hep A Adult	Avax / Hav / Vaq	1 2			Hep A Adult	Avax / Hav / Vaq	1 2		
Hep A Pediatric	Avax / Hav / Vaq	1 2			Hep A Pediatric	Avax / Hav / Vaq	1 2		
Typhoid	Typhim / Vivotif	Inj Cap			Typhoid	Typhim / Vivotif	Inj Cap		
Hep A / Typhoid	Vivaxim	1			Hep A / Typhoid	Vivaxim	1		
Hep B Adult	Eng/Recomb	1 2 3 4			Hep B Adult	Eng / Recomb	1 2 3 4		
Hep B Ped	Eng/Recomb	1 2 3 4			Hep B Ped	Eng / Recomb	1 2 3 4		
Hep A/B comb Ad	Twinrix	1 2 3 4			Hep A/B comb Ad	Twinrix	1 2 3 4		
Hep A/B comb Ped	Twinrix Junior	1 2 3 4			Hep A/B comb Ped	Twinrix Junior	1 2 3 4		
Yellow Fever	YF-Vax	1	B		Yellow Fever	YF-Vax	1	B	
Meningitis	Meno / Menactra				Meningitis	Meno / Menactra			
HPV	Gardasil / Cervarix	1 2 3			HPV	Gardasil / Cervarix	1 2 3		
Jap B Encephalitis	Ixiaro	1 2	B		Jap B Encephalitis	Ixiaro	1 2	B	
Cholera/ETEC	Dukoral	1	B		Cholera/ETEC	Dukoral	1	B	
Rabies	Imovax / Rabavert	1 2 3 B			Rabies	Imovax / RabAvert	1 2 3 B		
TB	Tubersol	1 2 3 B			TB	Tubersol	1 2 3 B		
Varicella	Varilrix / Varivax	1 2			Varicella	Varilrix / Varivax	1 2		
Influenza	Fluvir / Agri / Flulav	1 2			Influenza	Vaxi/Fluviral/Agri	1 2		
Pneumococcal	Prevnar / Pneumovax				Pneumococcal	Prevnar / Pneumovax			
Staff Initials: Consult _____ Immunized By: _____ MOA _____					Staff Initials: Consult _____ Immunized By: _____ MOA _____				
Notes:					Notes:				
Labs ordered:					Labs ordered:				