

Please fill in sections A, B, C, and D as completely as possible

CD: _____

A. Personal Information							
Last Name:			First Name:			MI:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:				City:			
Postal Code:		Email:			Cdn Citizen : yes <input type="checkbox"/> no <input type="checkbox"/>		
Home Tel:		Work Tel:		Cell		Children Only	
Birth Date: D M Y		Age:	Carecard:		Weight:	Consent Obtained <input type="checkbox"/>	
Emergency Contact:			Phone:		Consent By: Mother <input type="checkbox"/> Father <input type="checkbox"/>		
Family Doctor:			Phone:		Guardian Name:		

B. Travel Itinerary								
Date of Departure: D M Y				Purpose of trip: Vacation- tour, adventure, cruise Work, Service Other:				
Area of Travel				Food and Accommodation				Comment
Country	Duration	Urban (Cities)	Rural (Country Side)	Business 1st Class	Tourist Package	Backpack Low Budget	Home Stay Friends Relatives	

C. Medical History			D. Immunization History		
Do any of the following apply to you?		Yes	No	What vaccines have you had?	Date
Fainted from having an injection				Tetanus/Diphtheria	
Severe reaction to immunization				Pertussis (Whooping Cough)	
Fever in the past 24 hours				Polio	
Current or planned pregnancies/Breastfeeding				Measles / Mumps / Rubella	
Immune suppression (eg. HIV, cancer, leukemia, organ transplant, steroid medication)				Chickenpox (disease / vaccine)	
History of Guillain-Barré Syndrome				Shingles (vaccine / disease)	
Received blood products in past year				Flu / Prevnar13 / Pneumococcal 23	
Bleeding disorders				Dukoral	
Thymus disorders (Myasthenia Gravis)				Typhoid	
G6PD deficiency				Hepatitis A	
Disorders of the spleen / liver / kidney				Hepatitis B	
Bowel conditions: Irritable bowel syndrome/Crohn's/Colitis				Meningitis	
Depression, anxiety, psychosis				Yellow Fever	
Previous seizures/epilepsy/neurological conditions				Japanese B Encephalitis	
Heart disease/Diabetes				Rabies	
Other (Note, it is important to list ALL diseases and conditions that you have):				Other:	

Allergies (including: Eggs, Bee Stings, Medications, Yeast, Gelatin, Latex):

Current Medical Conditions	Current Medications including prescription, herbal, over the counter, birth control pills
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