

**NORTHERN BRITISH COLUMBIA  
TRAVEL HEALTH AND VACCINATION CLINIC  
(NBCTHVC)**

925 Vancouver Street, Prince George, BC V2L 2P6 Phone: 250-562-6363, Fax: 250-563-8285

Please Bring To Your Appointment: Vaccination/Immunization Records (Childhood/Travel) & Travel Itinerary

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Birth Date (DD/MM/YYYY) : ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_  
 Immunized as a child?  Yes  No  Unsure Family Doctor: \_\_\_\_\_

Purpose of visit:  Travel  School  Work: \_\_\_\_\_  
 If **NOT** for travel, please go to medical conditions.

Destination: \_\_\_\_\_ Duration of Stay: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_

Other Countries travelling to:	Duration of stay:

Previous Travel Vaccinations:	Date:

**Activities Planned During Travel :**

Rural/remote	Snorkelling	High Altitude	Surfing	Camping
Urban/city	Climbing	Diving		

**I would define my travel as :**

Business/Work	Cruise/Tour Vaccation	Volunteer/Mission	Backpacking	Visiting Family/Friend
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**Medical Conditions :**  None  Yes **If yes, see list below:**

	Yes	No		Yes	No
Emotional/Psychiatric Condition			Recent radiation treatment (last 4 months)		
Seizure Disorder			Immune deficiency		
Lung Condition			Spleen Removed / No spleen		
Migraines			Organ / Bone marrow transplant		
High Blood Pressure			Leukemia / Lymphoma / Recent cancer		
Digestive Problems/Tract Problems			Gallbladder Removed		
Heartburn/Acid Reflux			<b>Other :</b>		
Arrhythmia/Heart Condition					
High Cholesterol					

**Have you been vaccinated in the past 4 weeks?**  Yes  No  
 If yes, which one? \_\_\_\_\_

**Do you faint with needles?**  Yes  No see next page

Are currently taking any prescribed or over the counter medications?: No  Yes  If Yes, please list


Drug Allergies? No  Yes  If yes, list: \_\_\_\_\_

Other Allergies? No  Yes  If yes, list: \_\_\_\_\_

Severe Allergic Reaction (Anaphylactic Reaction)? No  Yes  If yes, list: \_\_\_\_\_

Please check if you are allergic to :  Latex  Eggs  Chicken  Adhesive Bandages

How did you hear of our clinic? \_\_\_\_\_

Women only: Are you pregnant or planning pregnancy? \_\_\_\_\_ Breastfeeding: No  Yes

**\*\*If vaccines are not required or declined, a \$40.00 consult fee will be charged.\*\***

**\*For: Students, seniors >65, and employment purposes, \$20 will be charged when no vaccinations are given.\***

I am aware of the clinic recommendation to remain in the waiting area for a minimum of 15 15 mins. after vaccinations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Methods of payment: Debit, Cash, Cheque, Credit Card (Please note a 2% charge will be added to all credit card transactions)