

Sunderland and Port Perry Travel Clinic

Return form by FAX to 705-357-3926 or to 26 Church Street, Sunderland Ontario L0C 1H0

Date form filled out _____ **Phone number** _(_____)_____

First Name _____ **Initial** ____ **Last Name** _____

Date of Birth _yyyy/mm/dd_____ **Age** ____ **Sex** ____ **Allergies** _____

Family Physician _____ **Egg Allergy** _____

Medical History (Circle all that apply)

Heart disease None Angina Heart Attack Valve Disease Arrhythmia Other _____

Lung disease None Smoker Asthma/COPD Sleep apnea O2 Tank Other _____

Diabetes No Yes, but not on insulin Yes, on insulin

Immune disorder No No spleen Thymus disorder Other _____

Mental health disorder No Anxiety Depression Other _____

Cancer No Yes, this type/this organ involved _____ **Treated with** radiation chemotherapy

Neurological disorder No Multiple Sclerosis Other _____

Pregnant, or planning to be No Yes Not sure

Travel with infant No Yes, and breast feeding Yes, and not breast feeding **Age of infant** _____

Last Tetanus vaccine (year) _____

Last Flu vaccine (year) _____

Routine childhood vaccines given in Canada Yes No, not these: _____

Vaccines since childhood, include approximate year. If possible, attach a list or vaccination record

Specific concerns or questions or other medical problems _____

Itinerary (Circle all that apply) *you are welcome to send a detailed itinerary in ADDITION to this form*

Date of departure _____ **How long from now** _____

Approximate length of trip _____

Born or grew up in destination No Yes, lived in Canada for about _____ years

Purpose of trip relaxation business mission adventure/extreme visiting friends/relatives

Visiting a rural area No Yes (please list nearest city, country) _____ , _____

Visiting high altitude No Yes, highest altitude is _____ metres above sea level

Accommodation with friends or relatives camping hostel/local hotel international hotel

Food preparation self friends/relatives restaurant/resort

Transportation rented car friends/relatives/hired driver train/bus cruise other _____

Companions alone friends or relatives living in Canada friends or relatives living at destination

Destination(s) Be specific. List every country. List cities as well, if known.

How did you find out about our clinic? _____

Medications (*all* current medications including over-the-counters, birth control, aspirin, puffers, chemotherapy):

1 _____

6 _____

2 _____

7 _____

3 _____

8 _____

4 _____

9 _____

5 _____

10 _____