

PRE-TRAVEL QUESTIONAIRE

timbuktutravelmedicine.ca

Please remember to complete this form and bring with you to your appointment, along with your health card, all past vaccination records, and all currently used medication. As parking and registration may take longer than expected, please arrange to arrive 30 minutes before the scheduled appointment time. Should you need to cancel your appointment, please remember to do so at least 24 hours beforehand to avoid a missed appointment fee. *Thank you*.

PERSONAL DETAILS Name:	
E-mail: Telephone contact number:	
Age:	Weight (children only): lbs
MEDICAL HISTORY	
Please list any ongoing or past medical problems (examples: diabetes, heart or lung conditions, past surgeries, thymus disorder):	
Have you ever had a serious reaction to a vaccine before? Have you ever used malaria medication in the past? If so, what	or steroid treatment? feeding? or nuts?
TRAVEL DETAILS	
Date of departure: YY / MM / DD Date of return: YY / MM / DD Itinerary: Country to be visited 1	Length of stay in area
Will you be travelling alone, with family, with a friend, or in a g	duonbś
Will you be staying in areas that are urban, rural, or at altitude? What type of accommodation will you have (examples: air-cond). What activities do you plan to do while travelling?	ditioned hotel, hostel, family home, tent, mud hut)?
Please provide any further information that may be relevant, including any future travel plans:	