

Consultation Questionnaire

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Name:

Date:

Travel Details

Date of departure:

Date of return:

Country(s) you will visit:

Locations within the country(s) you will be staying:

Will you be staying: In a hotel With friends/relatives In a tent At a resort *(Check all that apply)*

Medical Details

Current medical conditions:

Medications you currently take:

Do you have any allergies? Yes No

To any Medications? Yes No

To Eggs? Yes No **PLEASE INFORM PROMPTLY IF ALLERGIC TO EGGS**

If you answered Yes to any of the above, please provide details:

Have you received travel vaccinations? Yes No

If yes, when:

Please detail any travel vaccinations:

Are you pregnant or planning pregnancy? Yes No



Medical Details *continued*

Did you receive a primary series of vaccinations as a child? Yes No

Have you ever taken malaria medications before? Yes No

If yes, please detail what you have taken, and when:

Estimated current weight:

Please read and sign the following. Parents must sign for minor children.

I consent to receive services as outlined in this document. I understand that medication may not provide complete protection against disease. I also understand that like all medications, vaccines can have rare but serious side effects including severe allergic reaction. I will remain in the clinic following any injection until a staff member indicates that I may leave.

Signature: _____ Printed name: _____

Clinic Fees

Travel Consultation		Limited Consultation (Mexico/Caribbean Resort)	
Individual:	\$60	Individual:	\$45
Couple:	\$110	Couple:	\$80
Family (up to 4):	\$150	Family (up to 4):	\$100
Additional family:	\$35	Additional family:	\$35

Additional Fees

Return visit for vaccination: **\$30** (Does not include cost of vaccination)

Vaccinations Fees (In addition to consult fees, vaccinations may be required as part of your trip preparation)

Hepatitis A	\$60 / \$40 Kids	Tetanus/Diphtheria	\$25
Hepatitis B	\$40 / \$25 Kids	Flu Shot	\$25
Hepatitis A and B	\$75 / \$45 Kids	Mantoux	\$30
Yellow Fever	\$85	TD Polio	\$70
Meningococcus	\$155	Polio	\$50
Rabies (0, 7, 21)	\$200	Dukoral	\$80
Vivaxim	\$100	T-B Encephalitis	\$95
Typhoid	\$45	J. Encephalitis (0, 7, 21)	\$500 Full course*

*Includes injection fees

All prices subject to change.

All family members must attend the same appointment and have the same itinerary to qualify for family pricing.

Only one trip will be considered per consultation. Please re-book for additional travel.

As part of your vaccination schedule, some vaccines may require more than one injection. Return visits for vaccinations will be subject to an additional administration fee of \$30 per injection per person. Prices apply to each injection, and fees will apply to repeat and booster injections at the time of return visits.