

**Fraser Valley Travel Clinic**

Dr. Darin P. Cherniwchan Inc.

206-2306 McCallum Road, Abbotsford BC V2S 3P4 (Inside Chiropractic Arts Building) T: 604-755-4695

5-45802 Luckakuck Way, Chilliwack BC V2R 5P9 (Upstairs inside Countryfolk Quilt and Fabric Shop) T: 604-819-3377

**International Travel Medical Questionnaire**

Version 4.01

Today's Date:

Date of Appointment with Doctor

Provincial Care Card No.

Date of Birth

Male

Female

Name as it exactly appears on Care Card

Name as it exactly appears on Passport

Address

City

Prov

Postal Code

Country

Home Phone: (no spaces or dashes)

Email Address:

Mobile Phone: (no spaces or dashes)

Work Phone: (no spaces or dashes)

Extension:

**GENERAL QUESTIONS**

Were you born **AND** raised in Canada?

Yes  No

To the best of my knowledge, I **did** receive childhood vaccinations.

Yes  No

Have you had any vaccinations in the past 10 years?

Yes  No

Have you ever fainted?

Yes  No

Have you ever had a fever reaction to vaccination?

Yes  No

Have you ever had any bad reaction/side effect from any vaccination?

Yes  No

Have you ever had Hepatitis A vaccine?

Yes  No

Have you ever had Hepatitis B vaccine?

Yes  No

Do you live (or work closely) with anyone who has AIDS, an AIDS-like condition, any immune disorder, or who is on chemotherapy for cancer?

Yes  No

Do you have a family history of immunodeficiency?

Yes  No

Have you received any injection of immune globulin or any blood product during the past 12 months?

Yes  No

**GENERAL MEDICAL QUESTIONS**

Do you have a medical condition that warrants maintenance medications or physician follow-up?

Yes  No

Do you have a medical condition that is stable now, but may recur while travelling?

Yes  No

Do you have asplenia (no spleen)?

Yes  No

Have you had an acute illness of fever in the past 48 hours?

Yes  No

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**Please Note: Information provided to our clinic on this form is doctor-patient privileged as per the College of Physicians and Surgeons of BC guidelines.**

Are you pregnant or might you become pregnant on this trip or soon afterwards?  Yes  No or not applicable.

Are you breastfeeding?  Yes  No or not applicable.

**NOTE: Females receiving live vaccines should not become pregnant for three months.**

Do you have HIV, AIDS, an AIDS-like condition, immune deficiency or other immune disorder, leukemia, or cancer, or are you taking immunomodulatory drugs, or are you post-transplant?  Yes  No

Have you had a radical mastectomy or lymph-node dissection or breast cancer?  Yes  No

Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?  Yes  No

Are you prone to motion sickness?  Yes  No

Do you have a history of problems with your thymus (NOT THYROID), such as myasthenia gravis, DiGeorge syndrome, or thymoma?  Yes  No

Do you have any kidney problems?  Yes  No

Do you have any liver problems?  Yes  No

Do you have any intestinal condition, stomach disorder, or bowel condition?  Yes  No

Have you ever had hepatitis illness or yellow jaundice?  Yes  No

Do you **any** history of depression, anxiety or other psychiatric condition?  Yes  No

Do you have a problem with strange dreams and/or nightmares?  Yes  No

Do you have insomnia?  Yes  No

Have you ever had a heart conduction abnormality or arrhythmia (rhythm disorder)?  Yes  No

Any family history of a heart conduction abnormality or arrhythmia (rhythm disorder)?  Yes  No

Do you have cardiac disease (e.g., previous heart attack), with or without symptoms?  Yes  No

Do you have psoriasis?  Yes  No

Do you have asthma or wheezing or breathing problems?  Yes  No

Do you have any eye conditions?  Yes  No

Do you have problems with vaginitis?  Yes  No

Do you or a family member have a known G6PD deficiency?  Yes  No

Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?  Yes  No

**MEDICATIONS: Are you on or will you be taking:**

prescription blood thinners such as warfarin, Coumadin or Plavix?  Yes  No

steroids (e.g. prednisone)?  Yes  No

cancer chemotherapy or anti-cancer drugs?  Yes  No

quinine, quinidine, or medications for a cardiac conduction disorder?  Yes  No

antibiotics or sulfonamides for a pre-travel condition?  Yes  No

antacids? heartburn or gastrointestinal reflux medications?  Yes  No

oral contraceptives (birth control)?  Yes  No

medications for emotional problems?  Yes  No

medications to control convulsions or seizures?  Yes  No

any other prescription medication?  Yes  No

herbal remedies?  Yes  No

over-the-counter medicines or vitamins?  Yes  No

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**REMEMBER:** Any product you are taking must be in its original prescription bottle or packaging when crossing international boundaries. Labelled pharmacy blister-packs are OK. Pill organizers are NOT OK (but you are welcome to organize your medications at your destination).

**ALLERGIES:** **I HAVE NEVER HAD AN ALLERGIC REACTION TO ANYTHING (SKIP TO NEXT SECTION- "Itinerary Details")****Are you allergic or have you had bad reactions to...**

- bandaids?  Yes  No
- penicillins?  Yes  No
- sulfa drugs?  Yes  No
- thimerosal?  Yes  No
- streptomycin? gentamycin? neomycin?  Yes  No
- erythromycin (not including stomach side effects) or Zithromax (azithromycin)?  Yes  No
- amphotericin B?  Yes  No
- polymyxin?  Yes  No
- Ciprofloxacin (Cipro) or quinolone antibiotics?  Yes  No
- sulfites?  Yes  No
- protamine sulphate?  Yes  No
- amphotericin B?  Yes  No
- aluminum or aluminum hydroxide?  Yes  No
- 2-phenoxyethanol?  Yes  No
- bee stings or history of hives or urticaria?  Yes  No
- yeast?  Yes  No
- eggs, ovalbumin or chicken protein?  Yes  No
- tetracyclines?  Yes  No
- latex?  Yes  No
- any** medications or foods not listed above?  Yes  No
- Are you hypersensitive to gelatin, soy or lactose?  Yes  No
- Have you had an allergic reaction that caused facial or lip swelling or breathing problems?  Yes  No
- Have you ever had a severe allergic reaction requiring urgent care or hospitalization?**  Yes  No

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**Note: Any issue from the above lists may represent a contraindication, a precaution, or merely an issue that warrants further discussion between you and your travel medicine specialist regarding certain vaccinations and medicines that may be of importance to your trip.**

**ITINERARY DETAILS:**

Date of Departure:  Duration of Trip:   Days  Weeks  Months

List countries in the order you will be visiting them (include stop-overs) - if more, please attach list:

- |            |                      |                                 |                                                              |                                                     |
|------------|----------------------|---------------------------------|--------------------------------------------------------------|-----------------------------------------------------|
| Country 1: | <input type="text"/> | <input type="radio"/> Stop-over | <u>Aspects of Trip (click all that apply):</u>               |                                                     |
| Country 2: | <input type="text"/> | <input type="radio"/> Stop-over | <input type="radio"/> Pleasure/Study                         | <input type="radio"/> Visiting Friends or Relatives |
| Country 3: | <input type="text"/> | <input type="radio"/> Stop-over | <input type="radio"/> Business                               | <input type="radio"/> Working with animals          |
| Country 4: | <input type="text"/> | <input type="radio"/> Stop-over | <input type="radio"/> Missions/Humanitarian/Relief/Volunteer | <input type="radio"/> Cruise Ship                   |
| Country 5: | <input type="text"/> | <input type="radio"/> Stop-over | <input type="radio"/> Medical work                           | <input type="radio"/> Hiking/Trekking               |
| Country 6: | <input type="text"/> | <input type="radio"/> Stop-over | <input type="radio"/> Working with orphans                   | <input type="radio"/> Caving                        |
|            |                      |                                 | <input type="radio"/> Extensive land travel                  | <input type="radio"/> River Rafting                 |
|            |                      |                                 | <input type="radio"/> Spending time on a farm                | <input type="radio"/> Altitude >3000m               |
|            |                      |                                 | <input type="radio"/> Scuba Diving                           |                                                     |

**PLEASE READ THIS NOTICE - THIS WILL ASSIST YOU IN PREPARING FOR YOUR VISIT WITH US**

Thank you for choosing the Fraser Valley Travel Clinic.

1. Bring this completed form with you and please arrive on time (*see below on how you can qualify for a discount on our services*).

You may be billed the cost of the consultation fee for any no-show or late-cancellation. A late-cancellation is defined as a cancellation occurring (1) less than 24 hours of your appointment time, or, (2) if a voice mail/email message is delivered over the weekend or the night prior to your appointment.

2. Bring your Provincial Care Card and Photo ID (some vaccinations are a free benefit for those with a valid MSP card).

3. Review directions to Abbotsford (McCallum Road) and Chilliwack (Luckakuck Way) offices at [www.yellowfever.ca](http://www.yellowfever.ca)

4. Feel free to check out our clinic price list at [www.yellowfever.ca](http://www.yellowfever.ca) as specific pre-travel care is not an MSP benefit.

5. Bring all available vaccination records.

6. Forms of payment accepted: Cash/Debit/MC/VISA. (AMEX is also accepted but only at our Chilliwack office)

Debit cards cannot be processed during off-site visits i.e., if Dr. Cherniwchan is visiting your school, church or facility. Cheques may be accepted as an alternate form of payment only during off-site visits and only if a valid credit card is presented as back-up. Please note that an additional charge of \$25 will be assessed to your credit card if any cheque is returned to us due to insufficient funds.

7. In almost all circumstances, you will receive your immunizations at the time of your appointment.

8. You will receive a vaccination certificate, necessary prescriptions, a customized itinerary-specific travel medicine report (sent by email) and a receipt (for tax purposes or for claiming reimbursement of extended health care benefits, if applicable)

**Discount Incentive (visit "Clinic Prices" at [www.yellowfever.ca](http://www.yellowfever.ca) for details):**

You will be eligible for individual and group discounts only if the following conditions are met:

1. All persons in your party must arrive at least 15 minutes before your scheduled appointment to allow for registration - this applies to both off-site and on-site appointments.
2. Each person must bring with them a FULLY completed form. If your appointment is on or after 9 am, and you do not have a printer, you may complete your form in person at our office as long as you arrive a minimum of 30 minutes prior to your scheduled appointment time. If your appointment time is before 9 am, you must bring fully completed forms with you to qualify for our incentive discount.

We are committed to serving you with the best in travel health care.

See you soon!

Dr. Darin P. Cherniwchan  
BSc(Pharm), MD, CM, CCFP, FCFP  
Certificate in Travel Health (TM)