

BOWMONT TRAVEL CLINIC

6535 Bowness Road NW, Calgary, Alberta, T3B 0E8 Phone: (403) 247-0787

Please bring completed form to your appointment along with your itinerary and vaccine records.
Please complete one form per person.

Name: _____ Date: _____

Preferred Name: _____ Gender: _____

Date of Birth: _____ Alberta Healthcare Number: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

How did you hear of our clinic? _____

Is your travel for: Business, Vacation, Volunteer/Mission, Visiting Family, Other? _____

Country Travelling to:	Date of trip	Duration of Stay
<input type="radio"/> Cruise Travel. Please bring itinerary into the consult with you and leave this section blank.		

Do you have any Medical Conditions? ☐ No ☐ Yes, complete below.

	Y	N		Y	N
Psoriasis			Chemotherapy or Radiation (in the last 4 months)		
Seizure Disorder			Are you Immunosuppressed? (leave blank if unknown)		
Lung Condition			Are you taking biologics? (leave blank if unknown)		
High Blood Pressure			Prednisone or steroids (incl. Injections) in the last 4 weeks		
High Cholesterol			Organ/Marrow Transplant		
Diabetes			Leukemia/Lymphoma/Recent Cancer		
Heart Condition/Arrhythmia			Spleen Removed/No Spleen		
Heartburn/Acid Reflux			Pregnant or planning to become pregnant?		
Digestive Tract Problems			Nursing?		
Other: _____					

What prescription and over the counter medications and vitamins do you take?

Allergies (Drug/Other) ☐ No ☐ Yes - If yes, please list: _____

Have you been vaccinated in the past 4 weeks? If yes, which vaccine(s) have you received?

Please put your first name on the second page and return the form to the receptionist. Thank you.

First name: _____ Age: _____

FOR CLINIC USE ONLY

Consult Fees	Resort Fees – Mexico, Caribbean, USA, Western Europe
Single - \$60	Single - \$45
Couple - \$110	Couple - \$80
Family (up to 4) - \$150	Family (up to 4) - \$100
Each additional family member: \$35 x # _____	Each additional family member: \$25 x # _____

****All family groups must attend the consult together****
Pre-travel consultants reserve the right to alter consult fees

☐ Latex ☐ Eggs/Chicken - OK ☐ Adhesives ☐ Fainting ☐ Immunocompromised Weight: _____

VACCINE PRICES: All prices include administration of the vaccine series (no Injection Fee)

	Adult	Child		
Hepatitis A**	\$75	\$50	Shingles (Shingrix)**	\$195
Hepatitis B***	\$50	\$40	HPV (Gardasil)***	\$200
Hepatitis A and B (Twinrix)***	\$85	\$55	ETEC/Cholera (Dukoral) – DbI/Single	\$130/\$65
Tetanus/Diphtheria	\$55		Typhoid – Oral/Injectable	\$65
Tetanus/Diphtheria/Pertussis	\$65	M	TB - Mantoux	\$76
Polio (IPV)	\$80		Yellow Fever	\$215
Tdap + Polio	\$105		MMR	\$80
Meningitis ACYW (incl. cert.)	\$140		Yellow Fever - Exemption Card	\$15
Meningitis B (incl. cert.)	\$130		Yellow Fever - Replacement Card	\$15
Japanese Encephalitis**	\$235			
Rabies ***	\$245		Flu – Standard / HD	Free
			COVID	Free
			RSV (Arexvy)	\$300
Immunization Booklet	\$5		Prevna 20	\$160
Immunization Record update	\$15		Pneumovax – 23	Free

*** Some vaccines require more than one injection. Prices are per injection.**

_____ Reviewed contraindications to live vaccines with patient.

_____ No antibiotic use in the last 2 weeks.

Injection Schedule

Day
Day
Day

☐ Patient notified to wait 15 minutes prior to departure.