

Last Name: _____ First Name: _____ Date of Birth: _____

Day/ MMM/ Year

Health Care #: _____ Phone: _____ Email: _____

Where did you hear about Atlas? AHS Radio Online Doctor School Family or Friend Outdoor sign

Departure Date:	Return Date:	Trip Details: (Check all that apply)			
		<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Cruise	<input type="checkbox"/> Hotel <input type="checkbox"/> Hostel <input type="checkbox"/> Private Home <input type="checkbox"/> Work Camp <input type="checkbox"/> Backpacking <input type="checkbox"/> All Inclusive	<input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Study <input type="checkbox"/> Hajj/Umra <input type="checkbox"/> Work <input type="checkbox"/> Rotation	<input type="checkbox"/> Visiting Friends & Relatives <input type="checkbox"/> Volunteer: <input type="checkbox"/> Social <input type="checkbox"/> Health <input type="checkbox"/> Construction
Please list visiting Country (ies):	Please list visiting City (ies):				
_____	_____	Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes:	Regular Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:	Past fainting with needles: <input type="checkbox"/> No <input type="checkbox"/> Yes Past adverse reaction to vaccine: <input type="checkbox"/> No <input type="checkbox"/> Yes Have you had any vaccines in the previous 4 weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Pregnant: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Planning <input type="checkbox"/> Unsure Breastfeeding: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
_____	_____	Chronic Illness: <input type="checkbox"/> No <input type="checkbox"/> Yes:			
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____ (initial) I have read the <u>attached price list</u> , and I am aware of the prices for vaccines, prescriptions and the one-time Clinic Visit Fee per person per trip of \$48.00 (\$28.00 for children 16 years of age and younger) or \$75.00 Emergency fee (outside business hours). If all recommended vaccines are <u>declined</u> a \$65.00 consultation fee will apply. _____ (initial) Please submit your receipt (s) to your private insurance provider as you may be eligible for reimbursement. Alberta Health/AHS do not cover travel immunizations. <i>Keep your receipts to avoid a fee for replacement.</i>					
I consent to have vaccines and/or advice given at Atlas Immunization Services, Inc:					
_____		_____			
Client /Parent/Guardian Signature		Todays' Date			
If child is under 16 years of age: Print your First/Last name: _____ Relationship to the child: <input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian <input type="checkbox"/> Other					
OFFICE USE ONLY					
Travel Health Consultant Signature (Nurse):				Date:	
Date:		Nurse: (initial)	Reviewed Health History: <input type="checkbox"/> No change <input type="checkbox"/> Yes:		
Date:		Nurse: (initial)	Reviewed Health History: <input type="checkbox"/> No change <input type="checkbox"/> Yes:		

