

Prices as of January 1, 2025

**Provincial Health Care Insurance Plans do not cover Travel Health and most School Immunization Services**, a receipt with the **Drug Identification Number (DIN)** will be provided to you for submission to your **private** health insurance plan. **Please make sure to submit your receipts and keep them to avoid a replacement fee of \$15.00**

<b>Clinic Visit Adult – (Post Secondary, Employment) or Travel (Per Adult/Per Trip)</b>		\$48.00
<b>Clinic Visit for Minors under 18 years of age</b>		\$28.00
<b>TRAVEL CONSULT ONLY (no vaccines wanted)</b>		\$65.00 per visit/per person
<b>Short notice Cancellation (less than 24 hours) No show Fee</b>		\$48.00 per appointment/Person
<b>DIN #</b>	<b>VACCINES – SUBJECT TO AVAILABILITY</b>	<b>PRICE</b>
02187078 (Adult)	Hepatitis A (2 dose series)	\$84.00 (per dose)
02231056 (ped)	Hepatitis A pediatric (2 doses)	\$75.00 (per dose)
02487039 (Adult) 02487020 (Ped)	Hepatitis B (3 dose series)	\$79.00 (per dose) \$72.00 Peds (per dose)
02230578 (Adult) 02237548 (Ped)	Hepatitis A & B (3 dose series)	\$110.00/\$80.00 Peds (per dose)
02468425	Shingles Vaccine (2 dose series) (No Clinic Visit)	\$192.00 (per dose) + Injection Fee
02544040	Respiratory Syncytial Virus RSV (2-74 yrs of age)	\$315.00
02544040	RSV monoclonal antibodies (0 to 24 months)	\$1040.00
02548984	Chikungunya	\$240.00
02130955	Typhoid (Injection)	\$84.00
00885975	Typhoid (Oral)	\$92.00
02402904	Meningitis (ACY-W135) (No Clinic Visit) Hajj/Umra only	\$115.00 + injection fee
02417030	Meningitis B	\$155.00 (per dose)
02240255	Tetanus Diphtheria & Pertussis – Eligible Provincially Funded	\$13.00 Injection Fee
02247600	Tetanus Diphtheria & Pertussis – Not eligible	\$69.00
01959042	Polio	\$94.00
02352044	Tetanus Diphtheria Pertussis + Polio	\$120.00
00317268	One-Step TB Skin/ Mantoux Test (TB Test + Reading)	\$79.00
00317268	Two-Step TB Skin/Mantoux Test (TB Test + Reading)	\$158.00
02247208	Oral Cholera /Travellers' Diarrhea	\$85 per Dose
02239208	MMR (Measles, Mumps & Rubella)	\$79.00
01908286	Rabies (3 dose series)	\$240.00 (per dose)
02333279	Japanese Encephalitis (2 dose + booster)	\$237.00 (per dose)
02437058	Cervical Cancer HPV (2 dose series) No Clinic Visit	\$205.00 (per dose) + injection Fee
00428833	Yellow Fever Vaccine (International Certificate)	\$217.00
02246081	Varicella (2 dose series)	\$140.00 (per dose)
02527049	Pneumococcal (Prevnar20) No Clinic Visit	\$150.00 + Injection Fee
<b>Yellow Fever Replacement International Certificate</b>		<b>\$50.00</b>
<b>Yellow Fever Contraindication International Certificate (eligible ONLY)</b>		<b>\$60.00</b>
<b>School Immunization Form. At the time of FIRST VISIT ONLY</b> (includes immunization assessment, requisitions and follow-ups) If getting vaccines through another health care provider, we will keep the form and once you have completed vaccines you can submit the records to us for completion.		<b>\$40.00</b>
<b>AFTER FIST VISIT</b>		<b>\$60.00</b>
<b>Serology Requisitions (without school form) for Hep B, C, VZ and HIV</b>		<b>\$15.00</b>
<b>DOCUMENT REPLACEMENT: Requisition and Receipts</b>		<b>\$15.00 each</b>