

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)	Hepatitis B (3 dose series)	\$79.00 (per dose)
02487020 (Ped)		\$72.00 Peds (per dose)
02230578 (Adult)	Hepatitis A & B (3 dose series)	\$110.00/\$80.00 Peds (per dose)
02237548 (Ped)		
02468425	Shingles Vaccine (2 dose series) (No Clinic Visit)	\$192.00 (per dose) + Injection Fee
02544040	Respiratory Syncytial Virus RSV (60+ yrs of age)	\$275.00 + injection fee
02527049	Pneumococcal (Pevnar20) No Clinic Visit	\$150.00 + Injection Fee
02548984	Chikungunya	\$210.00
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 <b>ONLY</b> (TB Test + Reading)	\$99.00 No Clinic Visit
00317268	Two-Step TB Skin/Mantoux Test <b>ONLY</b> (TB Test + Reading)	\$198.00 No Clinic Visit
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)
<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>