

**Odyssey Travel and Tropical Medicine Clinic
Resort Visit**

Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (dd/mm/yy): _____ (must be 2-64 yrs of age)	AHC Number: _____	
Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone - Home: _____	Work: _____	Cell: _____
Occupation: _____	Weight (if <18 yrs): _____	
Country of birth (if not Canada): _____	Year of entry into Canada: _____	
Email: _____	How did you hear about us? _____	

ATTESTATION FORM COMPLETED + SIGNED Yes No : **reschedule as a comprehensive consultation**

Trip Information:

Country(ies) travelling to: _____	Date of Departure: Duration of Stay: (maximum = 14 days)
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Purpose for Travel: Pleasure Other _____

Activities: Scuba Diving Swimming Hiking Other _____

Health Information:

Current Medications (List all):

(Any prescription, herbal or over-the-counter)

Allergies or Bad Reactions (List all):

Eggs Latex Vaccines Antibiotics Other:

Immunization History:

Did you receive all your childhood immunizations? No Yes Not Sure

What province or country did you receive vaccines in? _____

Travel Vaccines? No Yes _____

Have you received any vaccines within the past 4 weeks? No Yes _____

Women's Health:

Are you pregnant? No Yes: *Not appropriate for Resort Visit. Please re-book as comprehensive consultation.*

Breastfeeding? No Yes

CONSENT TO VACCINATE: I consent to receive the vaccines offered as discussed during this Resort Visit.

Notify family doctor of visit? No Yes Dr: _____

Signature (client/parent/guardian) _____ **Date** _____

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Place Client Label Here

Client Information

Traveler attests to having read the following terms and conditions, and agrees with the service provided by initialing the left hand box of each paragraph and then signing and dating the form at the bottom.

<input type="checkbox"/>	<p>PLEASE NOTE THAT THIS IS A LIMITED SERVICE VISIT, and if you require time to discuss health issues with a travel medicine provider, then you need to book a <i>comprehensive travel consultation</i>. Please notify the staff at the front desk, if you wish to change your appointment to a <i>comprehensive travel consultation</i> within 24 hours of your booking, otherwise we may <u>not</u> be able to provide the service you require.</p>
<input type="checkbox"/>	<p>WE OFFER THE RESORT VISIT TO PERSONS WITH NO SERIOUS MEDICAL OR HEALTH PROBLEMS FROM THE AGES OF 2 TO 64 YEARS OF AGE. If as a traveler, you are pregnant, parents with a child under the age of two, being managed by a specialist for a chronic disease, immunocompromised in any way, having serious allergies, or have any condition that makes travelling difficult; then you need to book a <i>comprehensive travel consultation</i>. Please refer to the MEDICAL LIST on the second page for conditions that we consider minor and ARE appropriate for a Resort Visit appointment. If you have any other conditions, you will need to book a <i>comprehensive travel consultation</i> to have a review of your medical history.</p>
<input type="checkbox"/>	<p>WE OFFER THE RESORT VISIT SPECIFICALLY FOR TRAVEL TO NO-MALARIA-RISK, ALL-INCLUSIVE RESORTS WITHIN THE REGIONS OF THE CARIBBEAN, NORTH AMERICA, EUROPE, and MEXICO. If you are planning travel outside of these regions or plan to do additional travel and want to discuss this with a travel medicine provider, then you need to book a <i>comprehensive travel consultation</i>. Please refer to the DESTINATION LIST on the second page for destinations where we consider a resort visit to be appropriate. If a destination is not on this list, then you will need to book a <i>comprehensive travel consultation</i>.</p>
<input type="checkbox"/>	<p>WE OFFER THE RESORT VISIT SPECIFICALLY FOR ALL-INCLUSIVE RESORT TRIPS UP TO 2 WEEKS. This does not include additional non-resort travel beyond this time. If you are planning to travel to a resort, but then go to additional off-resort travel destinations, then you need to book a <i>comprehensive travel consultation</i>. If you are planning to do a cruise with your resort travel, then you need to book a <i>comprehensive travel consultation</i>.</p>
<input type="checkbox"/>	<p>YOU WILL RECEIVE THE FOLLOWING SERVICES WITHIN A 15 MINUTE VISIT PER PERSON :</p> <ul style="list-style-type: none"> • A quick review of your attestation form to confirm you meet the above criteria and have signed all parts. • Vaccines (if needed and paid at listed clinic price) including hepatitis A with or without hepatitis B, tetanus-diphtheria-pertussis. DUKORAL® is available if requested. • Publicly-funded influenza vaccine (flu shot) is also available on request in season. • If you feel that you need a measles-mumps-rubella booster (MMR) as an adult, you can obtain it free through public health (if you meet their requirements) or purchase it here. • A prescription for antibiotics for self-treatment of severe travelers' diarrhea. • Information sheets on general food, water and insect precautions. <p>If you are looking for additional services or vaccines for your trip, then you will need to book a <i>comprehensive travel consultation</i>.</p>
<input type="checkbox"/>	<p>A RESORT VISIT IS A FOCUSED SERVICE, AND DOES NOT INCLUDE ANY ASSESSMENT OR DISCUSSION PERIOD. It is designed to limit your cost by reducing the time taken in comparison to a <i>comprehensive travel consultation</i>. If you want to discuss any health concerns in general or related to travel (even for a trip to an all-inclusive resort), then you will need to book a <i>comprehensive travel consultation</i> which includes time for the provider to discuss such matters with you. If you have a fear of needles, have significant questions about the vaccines or other services to be provided, then you will need to book a <i>comprehensive travel consultation</i>.</p>
<input type="checkbox"/>	<p>YOU MUST REMAIN IN OUR WAITING ROOM FOR A MINIMUM OF 15 MINUTES AFTER YOUR VACCINES HAVE BEEN GIVEN, in order that we may monitor you for rapid allergic or adverse reactions. Once you have waited for this time period, you may leave the clinic after notifying the staff at the front desk. Any allergic or adverse reactions will be addressed by our medical or nursing staff in the same manner as all other clients.</p>

I, **the above client**, have read and agree to the terms & conditions of this visit as stated above.

Signature (client/parent/guardian): _____ Date: _____

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DESTINATION LIST

DESTINATIONS where we consider a resort visit to be appropriate. If a destination is not on this list, then you will need to book a *comprehensive travel consultation*.

- Bermuda
- Caribbean Islands (excluding Haiti and Dominican Republic)
 - Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire
 - British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica,
 - Guadeloupe (St Martin), Grenada, Jamaica, Puerto Rico, Montserrat
 - Martinique, St. Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines,
 - Turks & Caicos, US Virgin Islands
- Mexico

Note: If you are planning travel outside of these regions or plan to do additional travel and want to discuss this with a travel medicine provider, then you need to book a comprehensive travel consultation.

MEDICAL LIST

Minor Medical Conditions that ARE appropriate for a RESORT VISIT

SYSTEM	EXAMPLES
Brain and Nerves	infrequent/mild migraines, well-controlled depression or anxiety disorder without psychosis, ADHD
Breathing	mild/well-controlled asthma
Heart	Well-controlled high blood pressure
Bowel	Irritable bowel syndrome, heartburn / reflux
Kidneys + Bladder	Occasional bladder infections
Joints + Muscles	Minor arthritis
Blood	Mild anemia
Hormone	Well-controlled over or under-active thyroid gland
Allergies	Minor allergies that do not require an epi-pen
Miscellaneous	

Other conditions require a full consultation as they may impact medications or immunizations given, and require specific counselling.