Université d'Ottawa
Service de santé
Questions préliminaires au voyage

uOttawa

University of Ottawa
Health Services
Pre-Travel Questionnaire

613-564-3950 | 100 Marie-Curie (300), Ottawa, ON KIN 6N5 Canada / www.uOttawa.ca | 613-564-6627

A Personal Information

Name: _____ Birth Date: _____ Health Card #: _____ Phone #: *(no spaces)* _____

Address: *Street/Apt.* _____ *City* _____ *Prov* _____ *Post. Code* _____

B Medical Profile

	No	Yes
1. Do you currently have cancer?	☐	☐
2. Have you had cancer withing the last 5 years?	☐	☐
If yes, what treatment did you have?		
Surgery	☐	
Radiotherapy	☐	
Chemotheraphy	☐	
3. Are you currently receiving oral steroids?	☐	☐
If yes, indicate dosage: _____		
4. Do you have lung disease (bronchitis, emphysema, asthma) ?	☐	☐
5. Do you have AIDS or are you HIV positive?	☐	☐
6. Are you allergic to or have severe reactions to:		
Eggs	☐	☐
Sulfa Drugs	☐	☐
Tetracyclines	☐	☐
7. Do you have a history of psychosis?	☐	☐
8. Do you have a history of seizures or convulsions?	☐	☐
9. Have you ever had hepatitis?	☐	☐
10. Do you have diabetes?	☐	☐
If yes, how do you treat it? Insulin ☐ Tablets ☐ Diet Alone ☐		
11. Do you have heart disease or high blood pressure?	☐	☐
12. Are you taking medication for irregular heartbeat (antiarrythmics)**?**	☐	☐
13. Do you have liver disease?	☐	☐
14. Do you have kidney disease?	☐	☐
15. Do you have a duodenal or gastric ulcer?	☐	☐
16. Do you have ulcerative colitis or Crohn's disease?	☐	☐
17. Do you have ear or eye problems?	☐	☐

C Women Only

Are you pregnant? ☐ No ☐ Yes Last normal menstrual period _____

D Medications

☐ Current Medication With Prescription _____

☐ Current Medication Without Prescription _____

☐ Vitamins, Herbal Products _____

E Allergies

Do you have any allergies? If yes, specify: ☐ Medications _____ ☐ Food _____ ☐ Environmental _____

F Vaccination History

Indicate which of the following vaccines you have received.

Name	Yes	Date Last Received *e.g. November 1995*
Tetanus/diphtheria (Td)	☐	
Tetanus/diphtheria/polio (TdP)	☐	
Adacel or Boostrix (DTap/Tdap)	☐	
Polio	☐	
Mumps, Measles, Rubella (MMR)	☐	
Influenza	☐	
Pneumococcal	☐	
TB Skin Test (Mantoux)	☐	
BCG	☐	
Hepatitis A	☐	
Hepatitis B	☐	

Name	Yes	Date Last Received *e.g. November 1995*
Twinrix (A+B)	☐	
Typhoid - Injection	☐	
Typhoid - Oral	☐	
Vivaxim (Hep A + Typhoid)	☐	
Meningococcal	☐	
Yellow Fever	☐	
Japanese Encephalitis	☐	
Dukoral	☐	
Cholera	☐	
Rabies	☐	

G Type of Travel

Check each travel category applicable to your trip.

- ☐ Affluent tourism - hotels in urban or resort areas
- ☐ Hostels, "pensions", with minimal day time only travel
- ☐ Business or executive travel - international hotels, staying in urban areas only
- ☐ Rural travel, villages, farms, small towns, safari, camping: including overnight exposure
- ☐ Working - *Indicate the types of work you will be engaged in during your travel:*
  - ☐ Nurse, physician, hospital tech.
  - ☐ Missionary
  - ☐ Anthropologist
  - ☐ Veterinarian, animal handler
  - ☐ Engineer
  - ☐ Airline employee
  - ☐ Spelunker
  - ☐ Others: _____
- ☐ Education - academic work, teaching and study
- ☐ Staying with relatives or friends (local's home)
- ☐ Cruise, departing from: _____
- ☐ Piloting an airplane during your trip

H Duration of Travel

Date of departure from Ottawa: Date of return:

I

Itinerary

Please list, ***in order***, the countries you plan to visit. Indicate the regions or cities you plan to visit, the month of the year (e.g., June) you plan to be in each country and the number of days you will spend in each country..

	Name of Country	Regions or Cities	Month (of the year)	Number of days
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				