

Travel Consultation Fees Consultation (includes comprehensive travel report)

Adult	\$ 70
Couple	\$ 130
Family (4)	\$ 180
Additional family member	\$ 50

plus GST

Vaccine Fees

* represents the number of doses of vaccines required to complete the series

		Recommended	Declined	Initial		Recommended	Declined	Initial
<input type="checkbox"/> Hepatitis A (Adult) **	\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mantoux	\$40	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A (Junior) **	\$40	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Dukoral	\$97.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B (Adult) ***	\$40	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Rabies	\$220	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B (Junior) ***	\$25	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Vivaxim (Hepatitis A and Typhoid)	\$110	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Twinrix (Adult) ***	\$75	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Gardisil ***	\$175	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Twinrix (Junior) ***	\$45	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Adacel (Tetanus, Diptheria, Pertussis)	\$50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese Encephalitis **	\$250	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yellow Fever	\$135	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TD Polio	\$75	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> MMR	\$60	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal (Menactra)	\$160	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Vivotif	\$50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Polio	\$60	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Adacel with Polio	\$80	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TD Adsorbed	\$25	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Chicken Pox	\$95	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Typhoid	\$50	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Flu	Free for Alberta Residents	<input type="checkbox"/>	<input type="checkbox"/>

**Some vaccines will require more than one injection. Prices listed above are per injection. Additional shots will have an injection fee of \$25 per injection.*

Date of vaccination _____

I certify that the personal medical history I have provided is accurate, and the vaccines recommended to me are based on the itinerary I have presented. The risks and benefits of the recommended travel vaccines above have been explained to me. I have no conditions which are contraindications to the vaccines indicated above. I consent to receive the vaccines indicated above, **and will remain in the clinic 20 minutes post-vaccination in case of adverse reaction.** Parent/guardian signature is required if <18 years old.

Signature _____

OFFICE USE

Staff Signature _____

Vaccine Provider _____