

Kendall County Travel Clinic

Please complete the attached form and submit. We will email you with specifics about the country(s) that you will be visiting. We will then call you within 2 to 3 working days to set up your appointment.

Name(s) of all Family members that will need vaccinations

Name : _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Travel Date: _____

Destination: _____

Layovers: _____

Have you ever used our travel clinic before? _____YES _____NO

If with a group, what is the name of the group? _____

Name of the leader for the group _____

Phone number for group leader _____

If you have traveled out of the country before please provide where and dates.

Country: _____ Date: _____

Country: _____ Date: _____

Your phone number: _____

Your email: _____