



QUESTIONNAIRE

TO FILL OUT AND BRING ALONG TO THE CONSULTATION. PLEASE BRING ALONG YOUR VACCINATION CARD.

DATE:/...../..... Your General Practitioner :

NAME : Date of birth :/...../.....

What countries will you be visiting ?

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- Duration of stay :
- Duration of stay :
- Duration of stay :

Departure date/...../.....

Return date/...../.....

Will you be travelling : alone with family in a group with an organization

What is the purpose of your trip ?

- business holiday visiting family or friends adventure/staying with locals
- Living/Working/Internship

Special activities? (diving, hiking, high altitude, ...)

Have you travelled to a tropical country before ? If so, which ?

Will you be travelling a lot in the future ?

Are you allergic to... (= generalized skin rash, swelling of mouth/throat, difficulties to breath)

- any medications any vaccines eggs latex

Which medication/vaccine ?

Are you pregnant ? Yes / No Are you taking a contraceptive pill ? Yes / No

Are you breastfeeding ? Yes / No

Do you plan on becoming pregnant in the 3 months following your trip ? Yes / No

Do you suffer from any chronic or serious illness?

Thymus disorder ?

Do you still have your spleen ? Yes / No

Have you ever had any operations ? What for ?

Have you ever had a transplant ? Yes / No

Do you have HIV ? Yes / No

Do you suffer from epilepsy, depression, anxiety attacks or other serious psychological problems?

