



PATIENT

www.chirec.be

- Delta Hospital
- Park Leopold Medical Centre
- CityClinic Louise

VIGNETTE OF HEALTH INSURANCE

Madam, Sir,

In order to help us preparing your next trip, please fill in this questionnaire.

YOUR TRIP

When do you leave ? \_\_\_\_\_  
 How long will you stay abroad ? \_\_\_\_\_  
 What kind of trip are you going to make ? \_\_\_\_\_

- Tourism (organised, comfortable hotels)
- Business (comfortable hotels, no adventurous activities)
- Adventure (poor accomodation, narrow contacts with the local population, practice of a risky sport)
- Professional stay (long duration, development cooperation)
- Others : \_\_\_\_\_

Which country(ies) will you be visiting ? \_\_\_\_\_

You will be travelling :

- Alone
- With your family
- With a group

Do you plan any special sport activity ?

- Yes Which one(s) ? \_\_\_\_\_
- No

YOUR GENERAL PRACTICIONER

Firstname : \_\_\_\_\_

Lastname : \_\_\_\_\_

Address: \_\_\_\_\_

Zipcode : \_\_\_\_\_

City : \_\_\_\_\_

YOUR HEALTH

Allergy to drugs, vaccinations, eggs ?

- Yes Which one ? \_\_\_\_\_
- No

Chronic diseases : \_\_\_\_\_

Current usual medications : \_\_\_\_\_

Are you pregnant, or are you planning a pregnancy within the next few weeks ?

- Yes  No

Are you brestfeeding ?

- Yes  No

YOUR VACCINATIONS

Have you been vaccinated against :

- |  |                                |                                      |                                       |
|--|--------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tetanus       | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years  | <input type="checkbox"/> > 10 years   |
| <input type="checkbox"/> Diphteria     | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years  | <input type="checkbox"/> > 10 years   |
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years  | <input type="checkbox"/> > 10 years   |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 2 injections |
| <input type="checkbox"/> Meningococci  | <input type="checkbox"/> never | <input type="checkbox"/> < 3 years   | <input type="checkbox"/> > 3 years    |
| <input type="checkbox"/> Hepatitis A   | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 2 injections |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 3 injections |
| <input type="checkbox"/> Yellow fever  | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years  | <input type="checkbox"/> > 10 years   |
| <input type="checkbox"/> Typhoid fever | <input type="checkbox"/> never | <input type="checkbox"/> < 3 years   | <input type="checkbox"/> > 3 years    |

Administered vaccinations (for vaccinating staff only) :

- |                                      |                                   |   |                                  |
|--------------------------------------|-----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Stamaril    | <input type="checkbox"/> Typhim   | <input type="checkbox"/> Tetravac         | <input type="checkbox"/> Rage    |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Revaxis  | <input type="checkbox"/> Fsme             | <input type="checkbox"/> Engerix |
| <input type="checkbox"/> Polio       | <input type="checkbox"/> Nimenrix | <input type="checkbox"/> Twinrix          |                                  |
| <input type="checkbox"/> Ixiaro      | <input type="checkbox"/> Boostrix | <input type="checkbox"/> Boostrix + Polio |                                  |