TRAVEL MEDICINE QUESTIONNAIRE (TRAVEL CLINIC)

Please complete this form before your appointment and present it to the doctor.
IMPORTANT : Please bring your vaccination card or booklet with you.
Today's date: ...../...../20....
Your GP: .....

Patient's label

YOUR JOURNEY

Date of departure :...../...../20...
Return date :...../...../20...

Countries and regions to be visited:
Country 1 : _____ Duration:
Country 2 : _____ Duration:
Country 3 : _____ Duration:

Do you plan to travel often in the future?
☐ Yes I ☐ No

Have you ever travelled to tropical countries?
☐ No I ☐ Yes (Which ones:_____)

Type of holiday:
☐ Tourism / Hotel / Holiday club
☐ Adventure / Backpacking / Homestay
☐ Visiting family or friends
☐ Humanitarian / Professional / Work placement / Expatriation

Specific activities planned:
☐ Diving
☐ Climbing
☐ High-altitude mountaineering (>2500m)
☐ Trekking

YOUR HEALTH

Do you have any ALLERGIES ?
☐ No I ☐ Yes
☐ Eggs I ☐ Latex I ☐ Vaccines
☐ Medicines (Please specify: _____)

For women:
Are you pregnant?
☐ Yes I ☐ Non
Are you breastfeeding? ☐ Yes I ☐ No
Are you on the pill? ☐ Yes I ☐ No
Are you planning to become pregnant within 3 months of your trip? ☐ Yes I ☐ No

History:
Do you suffer from a chronic or serious illness?
_____

_____

Do you still have your spleen?
☐ Yes I ☐ No
Do you have a thymus problem?
☐ Yes I ☐ No
Have you ever had an organ transplant?
☐ Yes I ☐ No

Do you have HIV / AIDS?
☐ Yes I ☐ No
Have you ever had an operation? ☐ No I ☐ Yes
If yes, specify : _____

_____

Do you suffer from epilepsy ☐, depression ☐, anxiety ☐ or mental health issues ☐?
If so, please explain_____

_____

CURRENT TREATMENTS AND MEDICATION

Are you currently taking any medication?

_____ _____

_____ _____

_____ _____

_____ _____

YOUR VACCINATION HISTORY & MEDICAL HISTORY

Have you ever had:
Jaundice / Hepatitis A? ☐ Yes I ☐ No
Measles? ☐ Yes I ☐ No

Please state the date of your LAST injection for the following vaccines:

VACCINES	DATE (OR YEAR)	NUMBER OF DOSES RECEIVED (IF KNOWN)
Tetanus / Diphtheria / Polio		
Hepatitis A (Jaundice)		☐ 1 dose ☐ 2 doses ☐ 3 doses
Hepatitis B		☐ 1 dose ☐ 2 doses ☐ 3 doses ☐ 4 doses
Yellow fever		
Typhoid		
Measles / Rubella / Mumps (MMR)		
Meningococcal ACWY		
Rabies		
Japanese Encephalitis		
Tick-borne encephalitis (FSME)		
Covid-19		
Mpox (Monkeypox))		

MEDICAL CHECKLIST (TO BE COMPLETED BY THE DOCTOR)

Section reserved for the exclusive use of the doctor

1. Malaria prophylaxis :

☐ Atovaquone/proguanil
☐ Doxycycline
☐ Mefloquine
☐ No specific measures
☐ Provisional treatment

2. Vaccines administered today:

☐ STAMARIL	☐ TYPHIM	☐ VERORAB
☐ AVAXIM	☐ REVAXIS	☐ VAQTA JUNIOR
☐ BOOSTRIX	☐ FSME-IMMUN	☐ ENGERIX
☐ BOOSTRIX POLIO	☐ FSME-IMMUN JUN	☐ ENGERIX JUN
☐ POLIO	☐ IMOVAX POLIO	☐ TWINRIX
☐ NIMENRIX	☐ IXIARO	☐ TWINRIX JUNIOR
☐ QDENGA	☐ IXCHIQ	☐ VIMKUNYA

Other : _____

3. Patient information sheets provided & Advice given:
☐ Malaria / PPAV
☐ Diarrhoea / Faecal contamination
☐ Altitude
☐ Rabies / Zoonoses
☐ Travel first-aid kit
☐ Standby treatment

4. Prescription for dysentery / severe diarrhoea:
☐ Azithromycin
☐ Ofloxacin (if allergic to macrolides)
☐ Loperamide

5. High-altitude treatment:

☐ Diamox