**Questionnaire for Travel Medical Consultation**

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|---|---|---|
| **Name** | **First Name** | |
| **Legal guardian, first name, surname and date of birth** | | |
| **Date of birth** | **Civil status** | |
| **Street + Number** | **Zip code / City** | |
| **Phone number private** | **Mobile** | |
| **Business number** | **Email:** | |
| **Profession** | **Family doctor** | |
| **Health insurance** | | |
| **AHV Nr:** | **Insurance card number** | |
| **Destination** | | |
| **Travel date from** | **until** | |
| **Type of holiday / travel / work: (Hotel, backpack, trekking, travel in a group)** | | |
| **Have you had a fever or infectious disease in the past 7 days? (Flu etc.)** | **☐ Yes** | **☐ No** |
| **Are you currently receiving medical treatment?**<br>**If yes, why?** | **☐ Yes** | **☐ No** |
| **Do you take any medicine? If yes, which ones?**<br>In particular, indicate medication for blood thinning (including aspirin), immunosuppressants (cortisone and similar), antibiotics and medication for contraception. | **☐ Yes** | **☐ No** |

| | | |
|---|---|---|
| **Are you aware of any allergies or other intolerances? (Medication / food / egg allergy) If yes, which ones?** | **☐ Yes** | **☐ No** |
| **Have you ever had hepatitis (jaundice, inflammation of the liver)?** | **☐ Yes** | **☐ No** |
| **Do you suffer or have suffered from epileptic seizures?** | **☐ Yes** | **☐ No** |
| **Do you suffer or have you suffered from psychiatric illnesses or other illnesses? If yes, which?** | **☐ Yes** | **☐ No** |
| **Have you had any complications after vaccinations? If yes, which?** | **☐ Yes** | **☐ No** |
| **For women. Are you pregnant? Or are you currently planning to become pregnant?** | **☐ Yes, pregnant**<br><br>**☐ Yes, planned** | **☐ No** |

If you are suffering from an illness or have undergone therapy that may affect your body's immune system, such as HIV, chemotherapy, etc., please let me know during your doctor's consultation.

All recommended vaccinations are generally very well tolerated. With all injected active vaccines, swelling and pain may occur (in about 10% of those vaccinated) at the vaccination site for one to several days after vaccination, occasionally accompanied by some fever. Treatment consists of cooling compresses and, if necessary, aspirin or Panadol; more pronounced reactions (higher fever, generalized itching) are extremely rare. In case of suspected stronger vaccination reactions, consult a doctor or contact us in case of doubt.
**The travel consultation is paid in cash or by ec /credit card in the office directly after the consultation. There are some vaccinations which are covered by health insurance (e.g. MMR, FSME, Engerix). In this case, we will send the bill of these vaccinations directly to your health insurance company and you don`t have to pay directly.**

Applies only to women:
With my signature I confirm that I am aware that during and after taking anti-malarial medication: Malarone/AtovaquonPlus® and Riamet® for 4 weeks after last tablet intake and after a yellow fever vaccination, as well as after measles/mumps/rubella and varicella vaccination for 4 weeks, contraceptive measures must be taken regarding pregnancy.

Costs in the event of late payment: processing fee (at the earliest from day 70 after the date of invoice, when handed over to Inkasso Med AG) depending on the amount of the claim, maximum amount in CHF: 50 (up to 20); 70 (up to 50); 100 (up to 100); 120 (up to 150); 149 (up to 250); 195 (up to 500); 308 (up to 1`500); 448 (up to 3`000); 1`100 (up to 10`000); 1`510 (up to 20`000); 2`658 (up to 50`000); 6% of the claim (from 50`000).

I confirm the accuracy of the above information.

Translated with www.DeepL.com/Translator (free version)

**Place** **Date :** **Signature:**