

TRAVELANAMNESIS

Please complete 1 form per person
 Please complete this form as accurately as possible
 If possible bring your vaccination documents and your itinerary.

Surname:	Initials:	Date of birth:
Country of birth:	Date of immigration (if not born in The Netherlands):	
Street+house number:	Zipcode+Place:	
Telephone number:	Profession:	

Reason for journey:	holiday residence	job visiting family/friends	otherwise:
Accommodation:	hotel/pension apartment	family/friends camping/tent	guesthouse/lodge/hut local population otherwise:
Risky activities:	residence > 2500 m altitude association with animals medical procedures		sex/tattoo/piercing (water)sport otherwise:
Travelling party:	group partner/family	friends none (individual trip)	

Medical data	Yes	No	Explanation:
Are you under medical attendance?			Reason: Did you inform your doctor about your journey?
Do you suffer from a chronic illness?			Diabetes Epilepsy Heart-vascular disease Stomach-intestinal disease Coagulation disorder Liver disease Kidney disease HIV/AIDS Skin disease Otherwise:
Do you use any medicine prescribed by a doctor (including contraceptive pills)? Do you use any over the counter medicine?			Which:
Did you ever suffer, now or in the past, from a depressive disorder, anxiety disorder or another psychic disease or problem?			Depression Psychosis Anxiety disorder Addiction Otherwise:
Are you known with an allergy?			Medicine Chicken eggs/white of chicken egg Bee-wasp poison Otherwise:
Is your spleen removed or does your spleen not function optimal?			Reason:
Do you have a pacemaker or vascular prosthesis?			Pacemaker Artificial heart valve Stent Otherwise:
Did you ever have surgery?			When and why?
Are you under radiation treatment, do you receive chemotherapy or did you ever undergo one of these treatments?			Date and reason:
Are you currently pregnant or plan to get pregnant in the near future?			Number of weeks pregnancy:
Do you breast feed?			
Did you ever suffer from hepatitis or were there ever antibodies against hepatitis A or B determined?			

TRAVELANAMNESIS

Please complete 1 form per person
 Please complete this form as accurately as possible
 If possible bring your vaccination documents and your itinerary.

Have you ever been vaccinated?	As a child As a military (wo)man Because of a journey Otherwise	Vaccinations+dates:
Did you ever experience any side effects from vaccinations, blooddischarge or malaria tablets?	Yes No	Which vaccin/malaria tablet? What side effect: Collaps Fever Skineruption Otherwise
Did you ever experience health problems during a trip?		Kind of problem?
Do you wear contadenses ?		What kind?
Do you feel ill or unhappy at this moment?		What kind of complaints?
Do you have any other remarks about your health situation?		

destination	area/region/names of places	traveidata	amount of days
1.		from	until
2.		from	until
3.		from	until
4.		from	until
5.		from	until

I the undersigned declare to have filled this form truthfully

Date:

Signature:

Initials travel adviser: