TRAVELANAMNESIS

Please complete one form per person
Please complete this form as accurately as possible in block letters
If possible bring your vaccination documents and your itinerary

Surname:	Sex: M or F	Initials:	Date of birth:
Country of birth:		Date of immigration (if not born in The Netherlands):	
Email:		Mobile Number:	
Street and house number:		Zip code and place:	
Telephone number:		Profession:	

Reason for journey:	o Holiday o Residence	o Job o Visiting family or friends	o Otherwise:
Accommodation:	o Hotel or pension o Apartment o Family or friends	o Camping or tent o Guesthouse, lodge or hut o Local population	o Otherwise:
Risky activities:	o Residence >2500m altitude o Association with animals o Medical procedures	o Sex, tattoo or piercing o (water-) Sport	o Otherwise:
Traveling party:	o Group o Partner or family	o Friends o None (individual trip)	o Otherwise:

Medical data	**Yes** **No**	**Explanation**
Are you under medical attendance?		Reason: Did you inform your doctor about your journey?
Do you suffer from a chronical illness?		o Diabetes o Epilepsy o Heart-vascular disease o Kidney disease o Stomach-intestinal disease o HIV or AIDS o Coagulation disorder o Liver disease o Skin disease o 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?		o Depression o Psychosis o Addiction o Anxiety disorder o Otherwise:
Are you known with any allergy?		o Medicine o Bee or wasp poison o Chicken eggs or white of chicken egg o Otherwise:
Is your spleen removed or does your spleen not function optimal?		Reason:
Do you have a pacemaker or vascular prosthesis?		o Pacemaker o Stent o Artificial heart valve o Otherwise
Did you 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?		

Have you ever been vaccinated?		Vaccinations and dates: o As a child o as a military (wo)man o Because of a journey o Otherwise:
Did you ever experienxe any side effects from vaccinations, blood discharge or malaria tablets?		Which vaccine or malaria tablet? What side effect: o Collapse o Fever o Skin eruption o Otherwise:
Did you ever experience health problems during a trip?		Kind of problem:
Do you wear contactlenses?		What kind:
Do you feel ill or unhappy at this moment?		What kind of complains:
Do you have any other remarks about your health situation?		

Destination	Area / Region / Names of places	Travel data 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 from truthfully,

Date and place:

Signature:

Initials travel adviser