

## INTAKE-FORM TRAVELLER

Please fully fill out this form. Only tick items when applicable to you.

Surname: ..... Initials:..... m / f Date of birth: ...../...../.....  
 Country of birth/ childhood: ..... In the Netherlands since: ...../...../.....  
 Address:..... Postal code:..... City:.....  
 E-mail:..... Telephone:..... BSN:.....  
 Profession:..... Body weight:.....kg Date of departure: ...../...../.....

Country of destination:	Area/ place:	Duration:	Country of destination:	Area/ place:	Duration:
1.			3.		
2.			4.		

Travel purpose:  holiday  visiting family/ friends  migration  occupation/ education:.....  
 Travelling party:  on my own  partner/ family  Other:.....  
 Accommodation: hotel  apartment  camping  ship  family/ friends  with locals :.....  
 Activities:  travel to high altitude (>2500 m)  animal contact  medical practice :.....

Have you received vaccinations before? no yes  in childhood  in military service  for travel  
unknown  partially  
 Have you ever had side effects due to vaccination? no yes Vaccine + date:.....  
 Have you ever had side effects from malaria tablets? no yes  
 Are you allergic to any substance? no yes  chickenegg  medicines:.....  
 .....

Are you currently consulting a doctor? no yes Reason:.....  
 Doctor:.....

Do or did you have any of the following diseases? no yes stomach/ bowel/ liver disease kidneydisease  
diabetes cardiovascular disease epilepsy  
psoriasis blood clotting disease cancer  
immunodisorder hiv/AIDS spleen disorder  
thymusdisorder other:.....

Have you had hepatitis A or B (jaundice)? no yes A B ; jaundice antibody positive  
 Have you had a psychiatric problem? no yes depression anxiety disorder psychosis  
other:.....

Do you use any medication or oral contraceptive? no yes antacid anticoagulans immunosuppressant  
 (Including medication not on doctor's prescription) antibiotic hiv-therapy oral contraceptive  
other:.....

Have you received chemo- or radiation therapy? no yes .....

Have you ever had surgery? no yes stomach bowel spleen other:.....

Have you got a vascular or heart valve implant? no yes vascular implant heart valve implant

Are you pregnant? no yes don't know How long?.....

Are you planning to get pregnant in the near future? no yes last menstruation:.....

Are you breastfeeding? no yes .....

Have you ever had health problems from travel? no yes .....

Are there any other issues you want to discuss? no yes .....

I declare to have filled out this form truthfully.

Date: ...../...../..... Signature:..... Travel health advisor's initial:.....  
 (Client's signature in case a particular advice is refused: .....) )