Yellow fever vaccination center

Gemeinschaftspraxis am Ponttor

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Travel Medicine and Vaccination Questionnaire

First name and last name:

Travel dates:

Countries to be visited:

Travel conditions: *(please specify)*

1. Stay in the interior of the country under simple conditions (backpacking, trekking, individual travel with accommodation in simple guesthouses/hotels; camping holiday)
2. Stay in cities or tourist centers with (organized) trips into the interior or an organized round trip through the interior (package holiday, accommodation in medium or high standard hotels)
3. Stay only in large cities and tourist centers (accommodation in high standard hotels or hotels with European standards)

Medical history:	**Yes**	**No**
1. Do you feel healthy at the moment?	O	O
2. Do you have an allergy to egg protein?	O	O
3. Do you have any other allergy?	O	O
4. Do you have any intolerance to vaccinations or medicines?	O	O
5. Do you have an acute infection or any other illness?	O	O
6. Do you take medicines regularly? If yes, which ones: _____	O	O
7. Have you had a vaccination in the last 4 weeks? If yes, against what: _____	O	O
8. For women: Are you pregnant or planning a pregnancy?	O	O
9. If you are HIV-positive, please let us know.		

Date, signature of the person to be vaccinated or legal guardian