

This data collection is fundamental information for the work of the medical staff. We cannot vaccinate you without this information.

Please fill out the sheet completely/ print and bring it with you to your appointment. Don't forget to bring all your vaccination certificates with you!

Personal and medical data form:

Surname, _____
First name _____ Date of birth _____

Street _____ Place of
No° _____ Postcode _____ Residence _____

Phone number _____ E-Mail
(during the day) _____ (if available) _____

Date of departure _____ Destination _____

Duration of the
journey (days) _____

Type of journey: (please tick)

<input type="checkbox"/> Cruise/ sea trip
<input type="checkbox"/> Package tour to a fixed destination
<input type="checkbox"/> Self-organised individual trip
<input type="checkbox"/> Package holiday with guided excursions
<input type="checkbox"/> Visiting family/ friends
<input type="checkbox"/> Guided round trip
<input type="checkbox"/> Business trip abroad (e.g. job, internship, volunteer work)

Accommodation (please tick)

European standard standard of the country of destination very basic conditions

Contact with local population
(please tick) rather little rather intense

Medical questions (please tick) **Yes No**

Have you already received travel medicine advice? from: _____

Do you plan other vaccines or surgery within 4 weeks before/after your consultation here?
(No other live vaccines possible within 4 weeks before and after a yellow fever vaccination)

Have you been ill in the last 4 weeks?

Do you suffer from a chronic illness or have you ever been seriously sick?
(e.g. epilepsy, diabetes, cancer, HIV, liver and kidney disease, heart disease, high blood pressure, thymus disease or thymus surgery)

Do you regularly take medication? (e.g. cortisone, chemotherapy, coagulation inhibitors,
immunosuppressants, medication against high blood pressure or diabetes)

If yes, which ones? _____

Have you ever suffered from thrombosis or pulmonary embolism?

Do you have a hypersensitivity or allergy to chicken egg white or medication?

If yes, against what? _____

Have you ever had an unusual reaction after vaccination/ collection of a blood sample?

For women: Are you pregnant/ planning a pregnancy or are you currently breastfeeding?

Date: _____ Signature _____

Follow-up date _____ The information provided is still correct: Signature _____