## 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 Job	o Otherwise:
	o Residence	o Visiting family or friends	
Accommodation:	o Hotel or pension	o Camping or tent	o Otherwise:
	o Apartment	o Guesthouse, lodge or hut	
	o Family or friends	o Local population	
Risky activities:	o Residence >2500m altitude	o Sex, tattoo or piercing	o Otherwise:
	o Association with animals	o (water-) Sport	
	o Medical procedures		
Traveling party:	o Group	o Friends	o Otherwise:
	o Partner or family	o 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 chronical illness?		o Diabetes o Heart-vascular disease o Stomach-intestinal disease o Coagulation disorder o Skin disease o Otherwise:	o Epilepsy o Kidney disease o HIV or AIDS o Liver disease
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 Addiction o Otherwise:	o Psychosis o Anxiety disorder
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? Do you breast feed?		Number of weeks pregnancy:	

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:
Have you had dengue fever? Was it check in a laboratory? Which date was the check done?	
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