



General Information

Surname: _____

Name: _____

Date of Birth (dd/mm/yyyy): _____

Organization: _____ Extension: _____

Travel paid by the organization: YES NO

Departure Date: _____

Return Date: _____

Personal Profile

Have you been unwell recently? YES NO

If YES, please specify _____

I have a medical condition: YES NO

If YES, please specify _____

I take the following:

Name of Medication	Indication

I am allergic to:

YES NO

If YES, please specify _____

I had reaction to previous vaccine:

YES NO

I am aware of food, hygiene and safety measures during travel:

YES NO

I am vaccinated against Covid-19:

YES NO

• I have received (number of doses): _____

• Last dose (date): _____

(Female only)

Pregnant or planning to get pregnant: YES NO

Breastfeeding: YES NO

Travel destination(s):

Country/City	Date

Vaccination (to be discussed with the Nurse)

[] Diphtheria-Tetanus-Polio-Pertussis

[] Influenza [] Hepatitis AB [] Yellow Fever

[] Hepatitis A [] Meningitis [] Other:

[] Hepatitis B [] Typhoid []

Anti-malaria (to be discussed with the Nurse)

[] Atovaquone-Proguanil/Malarone

[] Mefloquine/Lariam [] Other

(Tick as appropriate)

__ I have provided correct and complete information.

__ I consent to be vaccinated. [see checked boxes above]

Signature: _____

Date: _____

(For the Nurse only)

Remarks: