In order to give the best advice for your vaccination we ask you to fill in the form below. Your details are treated confidentially. Our computer system is not connected to any central registry.

Personal number (if available): -

Surname: Name:

I want to be reminded of my next vaccination via SMS ☐ Mobile number:

I do not have a mobile phone ☐ e-mail :

Where are you travelling?

What date are you travelling? Duration of the trip:

	YES	NO
1. Have you previously had an adverse reaction to a vaccine? If yes, tell us which	☐	☐
2. Do you have a fever / an active infection? If Yes, what?	☐	☐
3. Are you hypersensitive / allergic to something (such as eggs or antibiotics)? If Yes, what?	☐	☐
4. Have you received other vaccinations within the past 2-4 weeks? If yes, which one / ones?	☐	☐
5. Do you use any medication regularly? If Yes, what?	☐	☐
6. Do you have a chronic disease (e g SLE or MS) or a weakened immune System (e g HIV)/ A disease treated with corticosteroids or chemotherapy/ A surgically removed spleen?/Other? If Yes, what?	☐	☐
7. Do you take any anticoagulants (e g Waran)?	☐	☐
8. Do you suffer from depression or any other mental illness? (important to consider in case of malaria prophylaxis)	☐	☐
Women:		
9. Are you pregnant or are you planning to become pregnant?	☐	☐
10. Are you breast-feeding?	☐	☐

_____ _____ - -

Signature / Legal guardian Date (yyyy/mm/dd)