

Form "travel consultation"

Name : **Firstname :**
Birth date :

General Questions

Did you have a travel consultation with your usual GP ? ☐ No ☐ Yes

Have you an usual medication (drugs) ? ☐ No ☐ Yes
if so, which one :

Do you have a bleeding disorder? (Eg. Hemophilia, anticoagulation, aspirin or Plavix or equivalent, treatment)? ☐ No ☐ Yes

Are you currently being investigated for a new pathology that is important for travel? ☐ No ☐ Yes

Allergies and immune system

Do you have an allergy to any antibiotic? ☐ No ☐ Yes
if so, which one :

Have you had an allergic reaction to a vaccination? ☐ No ☐ Yes

Do you have an allergy to eggs, chicken proteins, polymyxin B? ☐ No ☐ Yes

Do you have a low immune system ? ☐ No ☐ Yes, due to :
☐ Cancer
☐ Chemotherapy
☐ Treatment of rheumatic disease or autoimmune disorder? Corticosteroids?
Anti TNF? Biological ttt?
☐ Thymus disorder?

You trip

First destination :

Date and duration :

Second destination :

Date and duration :

Conditions and goals of the trip?

- ☐ Tourism
☐ Humanitarian Aid
☐ Visiting friends or family
☐ Business
☐ Other

Do you have repatriation and/or complementary insurance? ☐ No ☐ Yes

Have you ever travel in the tropics? ☐ No ☐ Yes

Please send this completed form by email to medecineinterne.cmt@la-ligniere.ch.

Vaccinations : Please take with you your vaccination records.

Dr N. Leggieri