



PATIENT

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- Delta Hospital
- Braine-l'Alleud-Waterloo Hospital
- Park Léopold Medical Center
- CityClinic Louise

VIGNETTE OF HEALTH INSURANCE

Madam, Sir,

In order to help us preparing your next trip, please fill in this questionnaire.

YOUR TRIP

When do you leave ? _____
 How long will you stay abroad ? _____
 What kind of trip are you going to make ? _____

- Tourism (organised, comfortable hotels)
- Business (comfortable hotels, no adventurous activities)
- Adventure (poor accomodation, narrow contacts with the local population, practice of a risky sport)
- Professional stay (long duration, development cooperation)
- Others : _____

Which country(ies) will you be visiting ? _____

You will be travelling :

- Alone
- With your family
- With a group

Do you plan any special sport activity ?

- Yes Which one(s) ? _____
- No

YOUR GENERAL PRACTICIONER

Firstname : _____

Lastname : _____

Address: _____

Zipcode : _____

City : _____

YOUR HEALTH

Allergy to drugs, vaccinations, eggs ?

- Yes Which one ? _____
- No

Chronic diseases : _____

Current usual medications : _____

Are you pregnant, or are you planning a pregnancy within the next few weeks ?

- Yes No

Are you brestfeeding ?

- Yes No

YOUR VACCINATIONS

Have you been vaccinated against :

- | | | | |
|--|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years | <input type="checkbox"/> > 10 years |
| <input type="checkbox"/> Diphteria | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years | <input type="checkbox"/> > 10 years |
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years | <input type="checkbox"/> > 10 years |
| <input type="checkbox"/> Measles | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 2 injections |
| <input type="checkbox"/> Meningococci | <input type="checkbox"/> never | <input type="checkbox"/> < 3 years | <input type="checkbox"/> > 3 years |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 2 injections
date: ___/___/___ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> never | <input type="checkbox"/> 1 injection | <input type="checkbox"/> 3 injections
date: ___/___/___ |
| <input type="checkbox"/> Yellow fever | <input type="checkbox"/> never | <input type="checkbox"/> < 10 years | <input type="checkbox"/> > 10 years |
| <input type="checkbox"/> Typhoid fever | <input type="checkbox"/> never | <input type="checkbox"/> < 3 years | <input type="checkbox"/> > 3 years |

Administered vaccinations (for vaccinating staff only) :

- | | | | |
|--------------------------------------|-----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Stamaril | <input type="checkbox"/> Typhim | <input type="checkbox"/> Tetravac | <input type="checkbox"/> Rage |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Revaxis | <input type="checkbox"/> Fsme | <input type="checkbox"/> Engerix |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Nimenrix | <input type="checkbox"/> Twinrix | |
| <input type="checkbox"/> Ixiaro | <input type="checkbox"/> Boostrix | <input type="checkbox"/> Boostrix + Polio | |