

## Travel Medicine Form

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last name

first name

date of birth

travel destination	travel period	Nature of travel
		<input type="radio"/> hotel / beach holiday <input type="radio"/> Business trip <input type="radio"/> backpacking trip <input type="radio"/> trekking / safari

travel return	travel conditions

**Notes on the trip:**

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Do you suffer from any acute or chronic diseases? If yes, please specify?	<input type="radio"/> yes	<input type="radio"/> no
Do you have an egg white allergy or intolerance?	<input type="radio"/> yes	<input type="radio"/> no
Do you have any other allergies or intolerances? If yes, please specify?	<input type="radio"/> yes	<input type="radio"/> no
Do you take medicine regularly? If yes, please specify?	<input type="radio"/> yes	<input type="radio"/> no
Have you ever had a thrombosis? If yes, when and where?	<input type="radio"/> yes	<input type="radio"/> no

Do you suffer from varices?	<input type="radio"/> yes	<input type="radio"/> no
Do you suffer from any chronic diseases? If yes, please specify?	<input type="radio"/> yes	<input type="radio"/> no
Are you pregnant?	<input type="radio"/> yes	<input type="radio"/> no
Did you get any Vaccinations within the last four weeks? If yes, please specify?	<input type="radio"/> yes	<input type="radio"/> no
Do you have a HIV Infektion?	<input type="radio"/> yes	<input type="radio"/> no

**Notes:**

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A travel medical consultation is not covered by health insurance. Therefore we take the liberty to bill the following services. The statement of cost does not include the cost of the vaccine. These will be considered additional costs.

services	Number according to GOÄ	costs
short consultation	1	10,72 Euro
extensive consultation	3	20,11 Euro
vaccination	375	10,72 Euro
parallel vaccination	377	6,70 Euro

With your signature you agree to take on any expenses which result from the consultation.

date

signature