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Travel Clinic - Health Questionnaire

Hospital for Tropical Diseases, Faculty of Tropical Medicine Mahidol University

Name: _____ Age _____ SEX M F Occupation_____

Nationality _____ Home City _____ Home Country _____

Address in Thailand _____

Telephone No. _____ Email address (Please specify) _____

PART 1 Basic Travel information and Medical Background

Departure date from your home country _____ Return Date _____

Please indicate the country that you've visited before Thailand on this travel,

Country _____ Length of stay _____ □ Rural □ Urban
Country _____ Length of stay _____ □ Rural □ Urban

Please indicate your next destination after leaving Thailand

Country _____ Length of stay _____ □ Rural □ Urban
Country _____ Length of stay _____ □ Rural □ Urban

How long have you been here in Thailand **?** _____
How long will you stay in Thailand **?** _____

Which province do you plan to travel to **?** _____
What is the purpose of your travel plan **?**_____

Do you have any medical conditions such as diabetes, heart/lung disease **?** □ No □ Yes
Are you being treated for cancer, or any other malignancy disease**?** □ No □ Yes
Do you have a history of deficiency of the immune system**?** □ No □ Yes
Are you on steroids, predisone, or cortisone for any reason**?** □ No □ Yes
For FEMALE only : Are you pregnant or trying to become pregnant **?** □ No □ Yes
Are you on breast feeding **?** □ No □ Yes

Are you allergic to any of following?

□ Drug please specify …….
□ Vaccination please specify …….
□ Other vaccine component (egg, yeast, gelatin, bee/insect sting, soy, lactose) ……
□ No, I never had any allergic history to any known substance

List all medications you currently are taking, either prescriptions or over-the counter:

_____
_____

PART 2 Special Concerned in this Visit

Reason for visiting our Travel clinic

□ Need advice about malaria protection and prophylaxis
□ Need advice about traveller's diarrhea
□ Need health check up and/or health certificate
□ Need immunization, please specify …….

Have you had any of the following travel vaccines or medication ?

□ Rabies Vaccine	Complete course Y N	last dose …….
□ Typhoid- oral or injectable	Complete course Y N	last dose …….
□ Hepatitis A	Complete course Y N	last dose …….
□ Hepatitis B	Complete course Y N	last dose …….
□ Flu vaccine	Complete course Y N	last dose …….
□ Polio- oral or injectable	Complete course Y N	last dose …….
□ Yellow Fever	Complete course Y N	last dose …….
□ Tetanus Toxoid	Complete course Y N	last dose …….
□ Japanese Encephalitis	Complete course Y N	last dose …….
□ Meningococcal	Complete course Y N	last dose …….
□ Cholera (Dukoral)	Complete course Y N	last dose …….
□ Antimalarial drug …….…….		last dose …….

If you 're sick do you have the symptoms of

□ Fever □ diarrhea □ insect or animal bite
□ Other symptoms, please specify……

Please describe your symptoms and your illness:

_____
_____
_____
_____

How did you know about our service?

□ Friend / Relative
□ Internet please specify website ……..
□ Airline ……
□ Guidebook
□ Leaflet/brochure
□ Other ……..

Signature _____ Date _____

Update : 01 Oct 2010