



Travel Clinic - Health Questionnaire

HN.....

Hospital for Tropical Diseases, Faculty of Tropical Medicine,

TC.....

Mahidol University

Name (Mr./Ms./Mrs.): _____ Age _____ Date of Birth _____ SEX M F

Nationality _____ Occupation _____ Address (Thailand) _____

Address _____ City _____ Country _____

Telephone No. _____ Email address (Please specify) _____

PART I Basic Travel information and Medical Background

Please indicate your history of recent travel in past 6 months

No.	Country	Duration	Activities	Any abnormal conditions
.....
.....
.....

Departure date from your home country (this trip) _____ Return Date _____

Main purpose of this trip: Tourism Business/working Visiting friends / relatives Other (specify).....

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

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

Please list all medications you currently are taking, either prescriptions or over-the-counter:.....

For FEMALE only : Are you pregnant or trying to become pregnant ? No Yes

Are you on breast feeding ? No Yes

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 other advices such as high attitude illness, motion sickness etc.
- Need immunization, please specify

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

Vaccine	Complete course	Indicate last dose
<input type="radio"/> Rabies Vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Typhoid- oral or injectable vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Hepatitis A vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Hepatitis B vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Flu vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Polio- oral or injectable	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Yellow Fever vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Tetanus Toxoid	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Japanese Encephalitis vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Meningococcal vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Cholera (Dukoral) vaccine	<input type="radio"/> Y <input type="radio"/> N	last dose
<input type="radio"/> Antimalarial drug		last dose

If you 're sick do you have the symptoms of

- Fever
- diarrhea
- insect or animal bite

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

Service Health Record (by nurse only)

1. Date:	2. Date:	3. Date:	4. Date:
Country:	Country:	Country:	Country:
Services:	Services:	Services:	Services:
Next F/U:	Next F/U:	Next F/U:	Next F/U: