

## Travel Health Consultation/Vaccination

Please complete two copies of this form before each vaccination or consultation, and give them to the attending physician.

Name*	First Name*	Date of birth*	DD · MM · YYYY
Adress*	/	Postcode/City*	/
Travel destination*	Date of departure	DD · MM · YYYY	Duration*
Email*	Phone*		

\* mandatory

	Yes	No
Do you suffer from any chronic or acute diseases? – If applicable: which?		
Are you currently taking any medication? – If applicable: which?		
Are you immunosuppressed?		
Is there a known thymus disease? Or has your thymus gland been removed?		
Have you ever suffered from psychological disorders, e.g., seizures, epilepsy, or others?		
Do you have an intolerance to chicken egg protein?		
Do you have any other allergies? If applicable: which ones?		
If yellow fever vaccination is required: I have read the YF information leaflet		
Did you receive any vaccines within the last 4 weeks? If so, which ones?		
Have you ever experienced weakness or fainting after a blood sample was taken or following a vaccination?		
Do you have a known intolerance against any vaccines or drugs? – If applicable: which?		
Women only: are you currently pregnant or breastfeeding?		

Please stay in our department for at least 15 minutes after your vaccination!

Our current prices are displayed in our waiting room or you can find them at [www.lmu-klinikum.de/tropeninstitut](http://www.lmu-klinikum.de/tropeninstitut).

Please note that the fees for medical travel advice and travel vaccinations are not usually covered by health insurance in Germany. However, a number of public or private insurances do reimburse these costs partly or fully. The Institute of Infectious Diseases and Tropical Medicine cannot guarantee reimbursement.

Munich, \_\_\_\_\_

Date

Signature (minors require parent's signature)

### Physician only:

#### Services provided:

- ☐ Individual vaccination plan
- ☐ Medical travel advice (incl. vaccination plan)
- ☐ Brief medical advice (e.g. for prescription)
- ☐ Extensive medical travel advice (> 20 min.)
- ☐ Vaccination exemption certificate
- ☐ Tetanus/Diphtheria/Pertussis
- ☐ Tetanus/Diphtheria/Polio/Pertussis
- ☐ Polio
- ☐ Measles/Mumps/Rubella
- ☐ Yellow Fever

- ☐ Meningococcal meningitis ACWY
- ☐ Meningococcal Meningitis B
- ☐ Dengue
- ☐ Hepatitis A (adults)
- ☐ Hepatitis A (children)
- ☐ Hepatitis B (adults)
- ☐ Hepatitis A + B (adults)
- ☐ Hepatitis A + B (children)
- ☐ Japanese encephalitis
- ☐ Rabies
- ☐ Typhoid fever
- ☐ Tick-borne encephalitis

- ☐ Influenza
- ☐ Influenza high-dose vaccine
- ☐ Pneumococcal
- ☐ Herpes Zoster (Shingles)
- ☐ Serology
- ☐ Vaccination certificate
- ☐ Other
- Malaria prophylaxis:**
- ☐ Chemoprophylaxis
- ☐ Stand-by

Physician's signature