**Supplementary form for the journey**

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| --- | --- | --- | --- | --- |
| Surname: |  |  | First name: |  |
| Faculty: |  |  | Working group: |  |
| Business phone: |  |  | Employee ID: |  |
| Occupational title: |  |  |

**Destination Country/Region**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Country/Region | Departure date | Return date | Date of previous stays in the destination country (if applicable) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

|  |  |
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| What is the reason of your journey and what are the local activities? |  |  |
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| Do you travel alone? |  | Yes |  |  |  | No |  |
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| If not, with whom do you travel? |  |  |
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|  |  |  |
|  |  |  |
| In which type of accommodation are you staying during your journey?(e.g. upscale/midscale/low category hotel, camping) |  |  |
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|  |  |  |
|  |  |  |
| Wherefrom will you obtain your food? (e.g. Restaurant upscale/midscale/simple category, self-catering) |  |  |
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| Did you prepare any medication for your journey? |  | Yes |  |  |  | No |  |
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| Did you have had any health problems during a journey in the past? |  | Yes |  |  |  | No |  |
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| If so, what kind of? |  |  |
|  |  |  |
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| Will any of the following activities be carried out during the trip? |  | Diving |  |  | High altitude stays |  |
| Stays in large communities |  |  |
|  |
|  |  |  |

**Other journey information**

**Immunization**

In the following, we ask you to list all the vaccinations you received in the past in the table as far as possible. This will give us a first overview of which vaccinations need to be supplemented or refreshed. If you have any questions about this, we will clarify them with you during the consultation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccination against | Date of the 1st vaccination | Date of the 2nd vaccination | Date of the 3rd vaccination | Date of the last vaccination received (if more than 3 vaccinations) |
| Hepatitis A |  |  |  |  |
| Hepatitis B |  |  |  |  |
| Hepatitis A and B\* |  |  |  |  |
| Diphtheria |  |  |  |  |
| Polio |  |  |  |  |
| Pertussis |  |  |  |  |
| Measles |  |  |  |  |
| Rabies |  |  |  |  |
| Typhus |  |  |  |  |
| Yellow Fever |  |  |  |  |
| Meningococcal meningitis |  |  |  |  |
| Japanese encephalitis |  |  |  |  |
| TBE |  |  |  |  |
| Cholera |  |  |  |  |

\* for combination vaccinations (for example with the *Twinrix* vaccine)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have there been any unusual vaccination reactions in the past (e.g. breathlessness, allergic shock)? |  | Yes |  |  |  | No |  |
|  |  |
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|  |  |
| Have you received medication for malaria prophylaxis in the past? |  | Yes |  |  |  | No |  |
|  |  |  |  |  |  |