

Travel Clinic Questionnaire

Date : Day _____ Month _____ Year _____

Name : _____

Date of birth : Day _____ Month _____ Year _____ Age: _____ Sex: _____

1. Purpose of the visit

- ① Vaccination ② Medication for prophylaxis ③ Consultation on Health
④ Medical certificate ⑤ Others _____

2. Destination

- ① Southeast Asia ② East Asia ③ South Asia ④ Central Asia
⑤ Middle east ⑥ Africa ⑦ Central or South America
⑧ North America or Canada ⑧ Europe ⑨ Oceania ⑩ Others

The name of countries or areas _____

3. Itinerary of this trip

- ① Date: D ___ M ___ Y ___ ~ D ___ M ___ Y ___ Destination _____
② Date: D ___ M ___ Y ___ ~ D ___ M ___ Y ___ Destination _____
③ Date: D ___ M ___ Y ___ ~ D ___ M ___ Y ___ Destination _____

4. Destinations and dates of previous foreign travel

- ① Destination _____ M ___ Y ___ ~ M ___ Y ___ private / business
② Destination _____ M ___ Y ___ ~ M ___ Y ___ private / business
③ Destination _____ M ___ Y ___ ~ M ___ Y ___ private / business
④ Destination _____ M ___ Y ___ ~ M ___ Y ___ private / business
⑤ Destination _____ M ___ Y ___ ~ M ___ Y ___ private / business

5. How did you get to know our travel clinic : through

- ① Company ② School ③ Friend ④ Other hospital or clinic: _____
⑤ Health center ⑥ Website ⑦ Travel agency ⑧ Others _____

6. History of your immunization (Including immunization in the childhood)

-If you have been administered the followings, please give the number of doses.

BCG Polio() DPT() DT() Tetanus() MMR() MR()
Measles() Mumps() Rubella() Chickenpox(Varicella)()
Japanese encephalitis() Hepatitis A() Hepatitis B() Rabies()
Typhoid fever() Meningococcal() Yellow fever() Cholera()
Pneumococcal() Hib(*Haemophilus influenza* type B)() Influenza()

7. History of past diseases, injuries or operations :

8. Current medication :