

Self-certification for travellers

Please write in capital letters

Family name		Etichetta AMB Viaggio
Name		
Date of birth		
Adresse/Postcode/City		
Nationality		
Phone number		

Destination
 Date of departure
 Travel purpose business tourism residence other
 Travel's duration No. of days
 Style of travel backpacker good conditions luxurious
 Is this the first travel to the tropics? YES NO
 Have you been sent to us by a doctor? YES NO

Do you at present suffer from one of the following problems?			
Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Chronic disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever had reactions against a vaccine in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Allergy (egg, drugs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Psoriasis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Tumors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Neurological disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Cardiovascular disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Immune deficiency	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Mental illness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Clotting problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other diseases	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you take any medicaments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Possibility of actual or future pregnancy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have health problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medicaments/list allergies/observations:			



Do you agree to receive, as a reminder, a text message the day before your appointment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Please inform the doctor if you are suffering from an immunological disorder, if you have any allergies or if you take medicaments!

If a vaccination against yellow fever, measles, mumps, rubella is recommended, a pregnancy must be avoided until 4 weeks after the vaccination.

Place, date

Signature