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Questionnaire Before Yellow Fever Vaccination

1. About your trip

Date of travel: _____

Destination(s): _____

Flight route / transit countries (if applicable): _____

Are you traveling for business or privatly? _____

Have you had a vaccination consultation? _____

2. Medical history

Previous vaccinations in the last 4 weeks: _____

Please bring your vaccination record! _____

Do you have any pre-existing medical conditions? _____

_____

Are you taking any long-term medications? _____

_____

Do you have any allergies? _____

Are you pregnant? _____

3. Your Data

Name, first name: _____

Date of birth: _____

Gender: _____

Telephone number: _____

Email-address: _____

General practitioner: _____

Thank you!