Travel Consultation Form

ärztezentrum südbahnhof

Last name, First name:	
Destinations:	
Duration:	
Date of departure:	

Do you have or did you have any of the following medical problems:	**No**	**Yes, the following:**
Any weakness of the immune system, for example HIV infection, cancer, immunodeficiency due to medication?		
Epileptic seizures or mental illnesses in the past?		
Thrombosis or embolic events?		
Jaundice (hepatitis)?		
Other illnesses? If yes, which?		
Do you have allergies?		
Allergy to eggs or chicken?		
Drug allergy?		
Did you have adverse reactions to vaccinations in the past?		
Are you taking any medicine? If yes, which one?		
Do you currently have a fever?		

For women: Are you pregnant or nursing?		

Date:	**Signature:**

Ärztezentrum Südbahnhof • Chutzenstrasse 24• 3007 Bern
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Last name, First name:	

Vaccines								
		Date:	≥ 7 d	≥ 21 d	≥ 28 d	≥ 3 m	≥ 6 m	≥ 1 y
Disease	**Vaccine**							
Diphtheria, tetanus, pertussis	Adacel i.m.							
The upper + Polio	Adacel Polio i.m.							
Diphtheria Tetanus, Polio	Revaxis i.m.							
Polio *	IPV Mérieux i.m.							
Measles, mumps, rubella	**Priorix s.c.**							
Chicken pox	**Varilrix s.c.**							
Hepatitis A adults	Havrix 1440 i.m.							
Hepatitis A (< 19 y)	Havrix 720 i.m.							
Hepatitis B	Engerix i.m.							
Hepatitis A + B	Twinrix i.m.							
Typhoid fever oral	**Vivotif p.o.**							
Typhoid fever *	Typhim Vi i.m.							
Rabies	Rabipur i.m.							
Yellow fever	**Stamaril s.c**							
Dengue	**Qdenga s.c.**							
Chikungunya	Vimkunya i.m.							
Japanese encephalitis	Ixiaro i.m.							
Japanese encephalitis < 18 J *	Ixiaro i.m.							
Tick borne encephalitis (TBE)	Encepur i.m.							
Meningitis ACWY	Menquadfi i.m.							
Meningitis B	Bexsero i.m.							
Pneumococcal pneumonia	Capvaxive i.m.							
Flu	VaxigripTetra i.m.							
Flu	Efluelda i.m.							
Covid	Comirnaty i.m.							
others								

Mosquito prevention		Malaria			Travel pharmacy	
Product	**Quantity**	**Prophylaxis**	**Quantity**	**Dosage**	**Drug**	**Quantity**
NOBITE skin (white)		Atovaquone plus 12 pcs.		1 tab q.d.	Loperamid	
NOBITE Kids		Atovaquone plus 24 pcs.		1 tab q.d.	Azythro. 500 mg	
NOBITE textile 100 ml		Malarone junior 12 pcs		___tab.q.d.	Co-Amoxi 1 g	
NOBITE textile 200 ml		Mephaquine 8 pcs		___tab. q.w.	Bilastin 20 mg	
		Doxycycline 100 mg 10 pcs		1 tab. q.d.	Xylo D. Nose sp.	
Vaccine record		**Emergency medication**			Paracetamol 1 g	
International		Malarone 12 pcs		__ tab. q.d.	Diamox 250 mg	
		Malarone junior 12 pcs		___tab. q.d	Allergy kit	

I certify that I was informed about the effects and side effects of the recommended medications and vaccinations.
I know that the expenses for travel-related medical advice, vaccinations and medications are generally not covered by basic health insurance.
* I have been informed that these vaccinations are administered off-label and have given my written consent to this.

Remarks:	
Price for services provided at the initial appointment (excluding follow-up vaccinations) CHF	**Signature:**

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