DR. NATALIA KNORR & KOLLEGEN
HAUSÄRZTE · INTERNISTEN
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TEL 0631-41474109 FAX 0631-41555505

Travel Medicine Consultation Questionnaire

Please fill out this questionnaire as completely as possible.
The information you provide will enable us to offer personalized advice on recommended vaccinations, malaria prevention, and other measures to protect your health while traveling.

Personal Information

Last Name, First Name:

Date of birth:

Phone:

Email:

Date of departure:

Date of return:

Total duration of trip:

1. Itinerary

Please list all destinations in the order of your stay.

Country, region/city, arrival, departure, accommodation

_____

_____

_____

2. Purpose of trip

☐ Vacation ☐ Business ☐ Visiting family or friends ☐ Volunteer work

☐ Humanitarian work ☐ Studies / internship ☐ Semester abroad ☐ Cruise

☐ Other: _____

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3. Type of trip:

☐ Package tour ☐ Indipendant travel ☐ Backpacking ☐ Self-drive tour ☐ Group tour

☐ RV ☐ Motorcycle ☐ Bicycle ☐ Boat

☐ Other: _____

4. Accommodations

☐ Hotel ☐ Vacation rental ☐ Private accommodation ☐ Camping

☐ Tent (Camping) ☐ Homestay

☐ Other: _____

5. Travel conditions

You will be spending most of your time in:

☐ Large cities ☐ Small towns ☐ Rural areas ☐ Rainforest ☐ Desert

☐ Mountains ☐ Coastal regions ☐ Islands

Are you planning to stay overnight in modest accommadations?

☐ No ☐ Yes

6. Previous international travel

Have you ever traveled to tropical or subtropical countries?

☐ No ☐ Yes

If so, where and when? _____

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7. Are there any specific health risks? (Pre-existing conditions/long-term medication)

_____

_____

Are you pregnant?

☐ No ☐ Yes

8. Vaccination Status

☐ Vaccination record is available ☐ Record will be submitted later ☐ No record available

Are you aware of any previous reactions to vaccinations?

☐ No ☐ Yes

9. Specific travel information

Are any of the following planned during the trip:

☐ Stays in malaria-endemic areas ☐ Stays at altitudes above 2,500 m ☐ Stays during the rain season

☐ Extended stay (> 4 weeks) ☐ Scuba diving ☐ Close contact with the local population

☐ Contact with animals

☐ Other: _____

Please submit a copy of your vaccination record to us before your appointment.

Please bring the following with you to your appointment:

☐ Vaccination record ☐ Medication list ☐ Allergy card (if available)

☐ Travel documents or itinerary ☐ Existing medical records