

Please fill in this form every visit and hand **2 copies** over to the physician!

**Department of Infectious Diseases and Tropical Medicine, University of Munich**

Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_  
DD / MM / YYYY

Address:\* \_\_\_\_\_ / \_\_\_\_\_ Postcode/city:\* \_\_\_\_\_ / \_\_\_\_\_

Travel destination\* \_\_\_\_\_ Date of departure: \_\_\_\_\_ Duration\* \_\_\_\_\_  
DD / MM / YYYY

Email:\* \_\_\_\_\_ Phone: \* \_\_\_\_\_

\*mandatory

		Please fill in ->	
		Yes	No
Do you suffer from any chronic or acute diseases? – if applicable: which?	*		
Are you under drug medication at the moment? – if applicable: which?	*		
Is there a known thymus disease? Or has your thymus gland been removed?	*		
Did you ever suffer from psychological disorders e.g. seizure, epilepsy or others?	*		
Do you have intolerance against chicken egg protein?	*		
Do you suffer from any other allergy? - If applicable: Which allergy? Do you have psoriasis?	*		
If yellow fever vaccination is required: I have read the YF information leaflet			
Did you get any vaccines (including oral vaccination) within the last 4 weeks? If so – which and on what date?	*		
Have you ever suffered from weakness or fainting after a taking of a blood sample or a given inoculation?	*		
Do you have a known intolerance against any vaccines or drugs? - If applicable: which?	*		
Women only: Are you pregnant at the moment? Are you still breast feeding?			
Would you like us to remind you of your next necessary visit?	*		

When was your last immunization against: TETANUS: / DIPHThERIA: / POLIO: /  
MM / YY MM / YY MM / YY

Please stay in our department at least **15min** before leaving after vaccination! Keep at rest yourself for 3 days! Our current prices are displayed in our waiting room or you can find them at [www.lmutrop.de](http://www.lmutrop.de). Please note, that medical travel advice and travel vaccinations aren't legally covered by health insurances in Germany. However, a number of public or private insurances do reimburse these costs partly or fully on a voluntary basis. The Department of Infectious Diseases and Tropical Medicine cannot guarantee the reimbursement.

Munich, \_\_\_\_\_ (Date) \_\_\_\_\_ (Minors require parent's signature)

**Only checked by the vaccinating physician**

**Received services:**

- Vaccination certificate
- Medical travel advise (vaccine & prevention plan)
- Medical advice (e.g. for vaccination)
- Extensive medical travel advice
- Yellow fever vaccination
- Diphtheria vaccination
- Tetanus/Diphtheria vaccination
- Tetanus/Diphtheria/Polio vaccination
- Tetanus/Diphtheria/Pertussis vaccination
- Tetanus/Diphtheria/Polio/Pertussis vaccination
- Polio-IPV vaccination
- Japanese encephalitis vaccination
- Meningococcal meningitis ACWY vaccination
- Meningococcal meningitis B vaccination

- Hepatitis A + Typhoid fever
- Hepatitis A vaccination
- Hepatitis B vaccination
- Hepatitis A+B vaccination
- Rabies vaccination
- Typhoid fever vaccination (parenteral)
- Typhoid fever vaccination (oral)
- Influenza vaccination
- Tick-borne encephalitis
- Pneumococcal Conjugate vaccination
- Pneumococcal Polysaccharide vaccination.
- Measles – Mumps – Rubella vaccination
- Cholera vaccination (oral)
- Other \_\_\_\_\_

Type of malaria recommendation

Vaccination reminder #.

No.: \_\_\_\_\_

\_\_\_\_\_  
 Physician's signature