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 ……

Date of return …… ☐ unknow

Travel purpose ☐ business ☐ tourism ☐ residence
☐ other ……..

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?			
Do you have health problems?	☐ YES	☐ NO	
Fever	☐ YES	☐ NO	
Chronic disease	☐ YES	☐ NO	
Have you ever had reactions against a vaccine in the past?	☐ YES	☐ NO	
Allergy (egg, drugs)	☐ YES	☐ NO	
Psoriasis	☐ YES	☐ NO	
Tumors	☐ YES	☐ NO	
Neurological disease	☐ YES	☐ NO	
Cardiovascular disease	☐ YES	☐ NO	
Immune deficiency	☐ YES	☐ NO	
Mental illness	☐ YES	☐ NO	
Clotting problems	☐ YES	☐ NO	
Other diseases	☐ YES	☐ NO	
Do you take any medicaments?	☐ YES	☐ NO	
Possibility of actual or future pregnancy?	☐ YES	☐ NO	
Medicaments/list allergies/observations:			

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 avoid until 4 weeks after the vaccination.

Place, date

Signature

Send by email

Send to Lugano Clinic
medicinadiviaggio.lugano@eoc.ch

Send by email

Send to Mendrisio Clinic
medicinadiviaggio.mendrisio@eoc.ch