



Travel Clinic - Health Questionnaire
The Hospital for Tropical Diseases
Faculty of Tropical Medicine, Mahidol University

Name (Mr./Ms./Mrs.):		Age (years):	Date of Birth (DD/MM/YY):
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Menstrual Period (DD/MM/YY)	Passport No./ ID card:	Occupation:
Pregnant/Planned: <input type="checkbox"/> Yes <input type="checkbox"/> No Breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail:		Tel. No.:
Country of Birth:	Country of Citizenship:	Primary Country of Residence Before Age 10:	
Country of Current Residence:	Address (Thailand):		
Emergency contact:		When did you first arrive THAILAND? (DD/MM/YY):	

How long have you been here in Thailand? _____ How long will you stay in Thailand? _____

Medical condition: NONE
 High blood pressure Diabetes / High blood sugar Cancer / Malignant disease Chronic heart disease
 Immune deficiency On steroid/ immunosuppressant Chronic lung disease Other _____

Current medication: NONE YES _____ **Are you allergic to any of the following?** NONE
 Drugs Vaccines Other (egg, gelatin, Latex, etc.) _____

Immunization Detail: (If yes, please specify the date)

Hepatitis A No Yes _____ **Hepatitis B** No Yes _____ **Meningitis** No Yes _____
Rabies No Yes _____ **Typhoid** No Yes _____ **Yellow fever** No Yes _____
Influenza No Yes _____ **MMR** No Yes _____ **Chickenpox** No Yes _____
Tetanus No Yes _____ **Japanese Encephalitis** No Yes _____ **COVID-19** No Yes _____

History of Recent Travel		List in order, starting with the most recent trip, all international travel in the past 12 months . Enter separate records for each country visited during the trip if dates for each country are known. Indicate if the trip is included on a ship.			
Trip Start (DD/MM/YY)	Trip End (DD/MM/YY)	Country	Trip Start (DD/MM/YY)	Trip End (DD/MM/YY)	Country
1.			3.		
2.			4.		

How do you know us? Friend/Relative Other hospital/Clinic Internet Travel Agency (Please specify: _____)
Where are you going? _____ **When?** _____
What is the purpose of traveling? Tourism Business Conference Education Migration Other _____

IN CASE YOU ARE SICK: Please answer the questions below

Please describe your symptoms and your illness:

List all countries visited or resided in during the past 5 years or earlier if relevant (<i>exclude those in past 12 months listed above</i>). List each country only once and indicate all years of travel to that country						
ประเทศ	1	2	3	4	5	6
ปี (20-xx)						

Received pre-travel information?: NO YES
If YES, select the MAIN SOURCE: Internet Travel medicine specialist General Practitioner Relative/friend Other
Main purpose of this trip Tourism Business/Corporate/Conference Research Education/ Student Migrant worker
 Military Migration Planned Medical Care Visiting friends or Relative Missionary/Humanitarian/Volunteer