



TRAVEL HEALTH ASSIST
WWW.TRAVELHEALTHASSIST.COM

Children health questionnaire

First name : _____ Last name : _____ Sexe: M F

Mother full name : _____ Father full name : _____

Health insurance # : _____ Exp : _____

Date of birth : _____ Age : _____ Country of birth : _____

Address : _____

City : _____ Province : _____ Country : _____ Postal code : _____

Home phone : _____ Work phone : _____

Destination : _____ Departure date : _____ Return : _____

Children travelling alone or with only one parent? Yes No

TRAVEL CATEGORIES :

- | | |
|--|--|
| <input type="checkbox"/> Adventure trip | <input type="checkbox"/> Renting an apartment or a condominium |
| <input type="checkbox"/> All Inclusive Trip/Hotels & Resorts | <input type="checkbox"/> River Cruise |
| <input type="checkbox"/> Business travel | <input type="checkbox"/> Scuba diving travel |
| <input type="checkbox"/> Cruise ship | <input type="checkbox"/> Student exchange program |
| <input type="checkbox"/> High Altitude Travel | <input type="checkbox"/> Tourist Travels |
| <input type="checkbox"/> Humanitarian aid workers | <input type="checkbox"/> Travel with infant and children |
| <input type="checkbox"/> Long-distance air travel | <input type="checkbox"/> Visit Friends and Relatives |
| <input type="checkbox"/> Organised group travel | |

PLANNED ACTIVITIES :

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Animal encounters | <input type="checkbox"/> Hiking/Walking | <input type="checkbox"/> Snorkeling |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Rafting | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Cave exploration | <input type="checkbox"/> Safari | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Scuba-Diving | <input type="checkbox"/> Trekkings |

WOMEN SECTION :

Is the child/teen pregnant or is there a chance she could become pregnant during

If pregnant, how many weeks? _____

IMMUNIZATION :

- Did the child already faint during the vaccination?
- Does the child have immune system problem?
- Has the child had a fever after a vaccine in the past?
- Has the child had a serious reaction to a vaccine in the past?
- Has the child live with anyone who has immune disorder ?
- Has the child received a transfusion of blood or immune (gamma) globulin in the past year?
- Is the child having a fever today?

MEDICAL CONDITIONS : Does your child suffer or already suffered from ?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anemia falciform | <input type="checkbox"/> Guillain-Barré Syndrome | <input type="checkbox"/> Photosensibility |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Blood diseases | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Retinopathy |

- Cardiac problems
- Cirrhosis
- Coagulation disorder
- Constipation
- Crohn's Disease
- Depression
- Diabetes
- Diarrhea
- Disembarkment Sickness
- Epilepsy/Seizures
- Gastrectomy

- HIV/Aids
- Hypochlorhydria
- Irritable Bowel Syndrome
- Kidney disease
- Liver disease
- Lupus Erythematosus, Systemic
- Motion Sickness
- Oculo-respiratory syndrome,
- Organ transplant , Spinal cord
- Phlebitis

- Rheumatoid arthritis
- Sea sickness
- Splenectomy
- Strange dreams, nightmares
- Thymus disease
- Tuberculosis
- Ulcerative colitis
- Urticaria (or hives)
- Vaginitis
- Vomiting

MEDICATIONS :

- Anticoagulants
- Anti-depressants/Anti-anxiety
- Aspirin (prophylaxis)
- Bêta-Blockers
- Birth control pills
- Chemotherapy

- Epipen
- HIV medications
- Insulin/ Anti-diabetes medications
- Iron tablets or Ferrous sulfate
- Lipitor
- Methotrexate

- Pepto Bismol
- Quinine, heart medications
- Radiation treatments
- Steroids/Cortisone
- Zyban or Wellbutrin

ALLERGIES :

- Aluminium
- Bee sting/wasps
- Chicken proteins
- Eggs
- Formaldehyde

- Gelatine
- Gentamycin
- Lactose
- Latex
- Mercury/thimerosal

- Neomycin
- Penicillin/sulfate
- Phenol
- Rash
- Sodium chloride

- Streptomycin
- Sucrose
- Sulfites
- Tetracycline
- Yeast

I agree to my child receiving the required vaccines for this destination taking into consideration his/her vaccine history and physical condition, and declare that my answers are, to the best of my knowledge, truthful and complete. I also agree to wait 15 minutes after immunization.

Signature of the responsible person : _____ Date: _____ Mother Father Guardian

I, undersigned, refuse the following recommendations for my child :

Malaria prophylaxis : _____ Antibiotic prophylaxis : _____ Vaccines : _____

Signature of the responsible person : _____ Date: _____ Mother Father Guardian

Consultation completed by : _____ Date: _____