LA LIGNIÈRE
Centre Médical & Thérapeutique La Lignière SA
La Lignière 5 | Case postale 433 |
CH - 1196 GLAND
Tél. : 022 999 80 24
E-mail : medecineinterne.cmt@la-ligniere.ch

Name :
First Name :
Date of birth :

Street :
Postal code/City:
Phone number :
Email :

Insurance card number : 807

Form "Travel consultation"

Vaccinations : Please take with you your vaccinations records

Note : the yellow fever vaccination should be done 10 days before departure, some vaccinations can take one month to be complete

General

Have you been vaccinated against Covid-19 -
Did you have a travel consultation with your usual Doctor? -
Mrs, are you pregnant (even potentially)? - Do you breastfeed? -

Drugs

Your usual treatment (drugs) ?
Do you have a bleeding disorder? (Eg. Hemophilia, anticoagulation by Sintrom or equivalent, aspirin or Plavix treatment)?

Are you currently under investigation for a new pathology, important for travel?

Allergies

Do you have an allergy to antibiotics ? -
Have you had an allergic reaction to a vaccination? -
Do you have an allergy to eggs, chicken proteins, polymyxin B?
-

Do you have a low immune system ?

- ☐ Cancer ?
- ☐ Chemotherapy ?
- ☐ Treatment of rheumatic disease or autoimmune disorder?
- ☐ Corticosteroids ?

What is the planned trip ?

First destination :
Date and duration :
Second destination :
Date and duration :

What is the planned trip?

- ☐ Tourisme
- ☐ Humanitarian Aid
- ☐ Visiting friends or family members
- ☐ Business
- ☐ Other :

Have you ever travelled in the tropics?

If yes, what to and when?

Did you ever had Dengue ?

Do you have repatriation and/or complementary insurance ?

Place, Date : Signature :

To be sent directly by email: medecineinterne.cmt@la-ligniere.ch

LA LIGNIÈRE
Centre Médical & Thérapeutique La Lignière SA
La Lignière 5 | Case postale 433 |
CH - 1196 GLAND
Tél. : 022 999 80 24
E-mail : medecineinterne.cmt@la-ligniere.ch

Name :
First Name :
Date of birth :

Street :
Postal code/City:
Phone number :
Email :

Insurance card number : 807

For travelers to Africa and South America "Yellow Fever" specific form

It is possible that vaccination against yellow fever is indicated for you.

Note : the yellow fever vaccination should be done 10 days before departure, some vaccinations can take one month to be complete

General

Have you been previously vaccinated against yellow fever? - If yes, when ?
Did you have a travel consultation with your usual Doctor? -
Mrs, are you pregnant (even potentially)? - Do you breastfeed? -

Drugs

Your usual treatment (drugs) ?
Do you have a bleeding disorder? (Eg. Hemophilia, anticoagulation by Sintrom or equivalent, aspirin or Plavix treatment)?

Are you currently under antibiotics treatment? Or do you have an infection (acute or chronic) ?

Allergies

Do you have an allergy to antibiotics ? -
Have you had an allergic reaction to a vaccination againt yellow fever? -
Do you have an allergy to eggs, chicken proteins, polymyxin B?
-

Do you have cancer or have you had cancer ?

-
If yes, what cancer ?
What is the date of the last chemotherapy ?

Do you have a low function of the immune system ?

Congenital ? -

Or after treatment (corticosteroids or other immunosuppressive agents by mouth or by vein)? -

Do you have HIV ? -

Do you have thymus dysfunction ? -

Place, Date : Signature :

To be sent directly by email: medecineinterne.cmt@la-ligniere.ch