

**香港理工大學醫療保健處**

**外遊健康問卷**

Travel Health Questionnaire

旅遊前的健康會診至少應在出發前**6星期**進行，因有些疫苗需要接種數次才能生效。

請填妥以下的問卷及帶同你所有的**「針咭」**(防疫注射記錄) 約見醫生。

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **具體行程（請按需要另加紙張填寫）** | | | | | | |
| **目的地**  (城市, 國家) | **日期** | | **旅行的性質(請在方格內加上 ✓ 或 圈出合適內容)** | | | |
|  |  | | **旅行目的:** | | **住所** | **旅行中的活動:** |
|  |  | | **公幹**  **求學**  **探親**  **參觀旅遊區**  **戶外活動**  **義工服務**  **其他 :** \_\_\_\_\_\_\_\_\_\_\_ | | **酒店 /宿舍**  **私人住宅**  **露營**  **郵輪**  **其他 :**  \_\_\_\_\_\_\_\_\_\_\_ | **航空**  **公共交通**  **騎自行車**  **騎水上運動**  **攀爬 / 遠足**  **探訪 : 學校 / 醫院 / 貧民窟**  **衛生保健工作**  **與動物接觸**  **其他 :** \_\_\_\_\_\_\_\_\_\_\_ |
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|  |  | |
|  |  | |
|  |  | |
| **返港日期** |  | |
| **持續時間 (天)** |  | |
| 健康情況 : | | | | | (請圈出 '是' 或 '否') | |
| 1. 你有以下病歷嗎? | | | | |  | |
| 慢性疾病，如心臟、 腎臟或肝臟疾病? | | | | | 是 / 否 | |
| 癲癇? | | | | | 是 / 否 | |
| 情緒障礙或精神病? | | | | | 是 / 否 | |
| 牛皮癬? | | | | | 是 / 否 | |
| G6PD缺乏症? | | | | | 是 / 否 | |
| 其他疾病(如有，請註明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | 是 / 否 | |
| 1. 你現有懷孕或計劃懷孕嗎? | | | | | 是 / 否 | |
| 1. 你現有餵哺母乳嗎? | | | | | 是 / 否 | |
| 1. 你是否有長期病患需定時覆診? | | | | | 是 / 否 (如有，請註明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| 1. 你是否正在接受任何藥物治療? | | | | | 是 / 否 (如有，請註明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| 1. 你有以下過敏史嗎? | | | | |  | |
| 藥物? (如有，請註明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | 是 / 否 | |
| 雞蛋或雞? | | | | | 是 / 否 | |
| 其他? (如有，請註明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | 是 / 否 | |
| 你有否其他有關此次外遊之健康問題? | | | | | | |
|  | | | | | | |
| 名稱 | |  | | 性別 |  | |
| 理工職員/學生號碼 | |  | | 部門 |  | |
| 簽名 | |  | | 日期 |  | |



**The Hong Kong Polytechnic University**

Travel Health Questionnaire

Consult your health care provider at least **6 weeks** before travel. Some vaccines and preventive medications need to be started in advance in order to be fully effective before your trip. Please fill in the following and bring **all your vaccination records** when consultation*,*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Itinerary (please attach extra sheet if needed)** | | | | | | | |
| **Destination**  (city, country) | | **Date** | **Nature of travel** **(✓ and circle as appropriate)** | | | | |
|  | |  | TRIP PURPOSE: | | ACCOMMDATION | | TRIP ACTIVITIES: |
|  | |  | **Business**  **Study**  **Visit friends or relatives**  **Visit tourist area**  **Outdoor activities**  **Volunteer/humanity**  **works**  **Other:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Hotel/Hostel**  **Private home** **Camping**  **Cruise ship**  **Other:**  **\_\_\_\_\_\_\_\_** | | **Air travel**  **Public transportation**  **Biking**  **Water sport**  **Climbing or Hiking**  **Visiting Schools/hospitals/slum**  **Health care work**  **Contact with animals**  **Other:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Return date** | |  |
| **Duration (Days)** | |  |
| Health Status： | | | | | (Please circle ‘Yes’ or ‘No’) | | |
| 1. Do you have history of the followings: | | | | |  | | |
| Chronic illness, e.g. heart, kidney or liver disease？ | | | | | Yes / No | | |
| Epilepsy? | | | | | Yes / No | | |
| Mood disorder or psychiatric illness? | | | | | Yes / No | | |
| Psoriasis? | | | | | Yes / No | | |
| G6PD deficiency? | | | | | Yes / No | | |
| other disease (state if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | Yes / No | | |
| 1. Are you pregnant or planning to be pregnant? | | | | | Yes / No | | |
| 1. Are you breast feeding? | | | | | Yes / No | | |
| 1. Do you have any chronic illness that needs regular follow up? | | | | | Yes / No (State if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| 1. Are you taking any regular medication? | | | | | Yes / No (State if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| 1. Are you allergy to: | | | | |  | | |
| Medicine? (state if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | Yes / No | | |
| Egg or chicken? | | | | | Yes / No | | |
| Others? (state if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | Yes / No | | |
| Do you have any specific health concern about this trip? | | | | | | | |
|  | | | | | | | |
| Name |  | | | Sex | |  | |
| PolyU ID |  | | | Department | |  | |
| Signature |  | | | Date | |  | |