

**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。

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| **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 :** \_\_\_\_\_\_\_\_\_\_\_ |
|   |   |
|   |   |
|   |   |
|   |   |
| **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*,*

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| --- |
| **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 |   |