Service de Médecine Tropicale et Humanitaire - Département de médecine communautaire et de premier recours
HUG - 6, rue Gabrielle Perret-Gentil -1211 Genève 14- v08.2025

HUG Hôpitaux Universitaires Genève

①

Surname : _____ **Name :** _____

Date of birth : ____/____/_____ Age Sex : ☐M ☐F

Weight (if child): _____ Kg

Telephone : _____

Address (home) : _____

Postal code: _____ City / Country : _____

Destination(s) :_____

Purpose of travel : tourism □ professional □ visiting friends/relatives □ other □

Date of departure : _____/_____/_____ Length of stay : _____

②

Please answer the following questions :	**Yes**	**No**		visa
Professional travel for an organisation that has an agreement with the vaccination center	☐	☐	If yes, precise :_____	
I have fever	☐	☐	_____	
I have a chronic illness	☐	☐	If yes, precise :_____	
I am on medication	☐	☐	If yes, precise :_____	
I have an allergy (drugs, eggs, other….)	☐	☐	If yes, precise :_____	
I have/had a depression	☐	☐	_____	
I have/had epilepsy or seizures	☐	☐	_____	
I have/had a disease/surgery of the thymus	☐	☐	_____	
I have/had a reaction to a vaccine	☐	☐	If yes, precise :_____	
I am or plan to become pregnant	☐	☐	_____	
I am breastfeeding	☐	☐	_____	

③ **PAYMENT ON LEAVING !!! - PLEASE RETURN THIS SHEET TO RECEPTION -** **prices are approximate and given as an indication / the price of the consultation is not included in the vaccines cost and is added to the total invoice**

↓ **TO BE FILLED BY HEALTH PROFESSIONAL ONLY** → □ No vaccination card Last vaccination : □ >10yrs □ >20yrs

CONSULTATION FEES	
~ standard (price/person):	CHF
CS 1	65
CS 2	45
CS 3	30
Long travel CS 1	140
Long travel CS 2	80
Long travel CS 3	65
~ special:	
Referral for specific vaccine	30
Effective time (min):_____	
Complex CS	210
Prescription | Certificate	20
Copy document	25
Boosters & vaccination follow-up:	
Nurses' fees	25
RDT rehearsal TDR (15 min)	55
RDT 2X *(492527)*	25

VACCINES										
CHF	Vaccines (1 dose)	last	done on	denied	CHF	Vaccines (1 dose)	last	done on	denied
75	Yellow fever				30	Polio			
					30	Diph.-Tetanus-Polio			
55	Hepatitis A				40	Di-Te-Pertussis			
45	Hep. A junior				45	Di-Te-Pertussis-Polio			
45	Hepatitis B								
45	Hep. B junior				40	MMR			
75	Hepatitis A+ B				90	MMR-V			
65	Meningitis ACWY				50	Tick Born Enceph.			
105	Meningitis B				50	Tick Born Enceph. J.			
90	Rabies				225	HPV			
	Information given ☐				20	Influenza			
60	Typhoid fever (inj)				95	Pneumococcus			
135	Jap. Encephalitis				65	Chickenpox			
130	Dengue fever					H/O disease ☐ / positive serology ☐			
1st DF confirmed □ / History of DF + positive serology □					185	Zona			
205	Chikungunya					Other Vaccine (name):			

OTHERS	
CHF	
7	Blood test
85	Dosage Diphteria (1446.10)
	Dosage Tetanos (3401.00)
25	Dosage Ig Hepatitis A
25	Dosage Ig Hepatitis B *(anti-Hbs)*
50	Dosage Ig Measles
25	Dosage Ig Rubeola
50	Dosage Ig Chickenpox
105	Dosage Tuberculosis (3453.00)
	Dosage Ig (other(s)):
25	TB skin test (Mantoux 466143)

PRESCRIPTIONS

Malaria : prophylaxis : _____

stand-by treatment : _____

□ **Vivotif**

Others : _____

INFORMATIONS

Travel diarrhea : transmitted □ unwanted □

Arboviroses : transmitted □ unwanted □

Mosquito proctection : transmitted □ unwanted □

Moutain sickness : transmitted □ unwanted □

CONSULTANT

Nurse : _____ Comments : _____

Doctor : _____ _____ Date: _____