MEDICAL QUESTIONNAIRE – CONFIDENTIAL
Return to [redacted] **@diplomatie.gouv.fr**

Surname:	**First name:**
Age:	**Gender:**
Telephone contact:	

MEDICAL HISTORY Tick all applicable boxes Specify disease and date	**Are you receiving or have you received treatment for the following:** □ Heart disease (heart attack, heart failure, etc.) Specify: □ Respiratory disease (asthma, chronic bronchitis, pneumothorax, etc.) Specify: □ Psychiatric condition Specify: □ Neurological disease (stroke, epilepsy, etc.) Specify: □ Other diseases and treatments: Diabetes, dialysis, immunosuppressive treatment (corticoids, chemotherapy, etc.) or any other disease Specify: Have you recently undergone surgery? Specify: **Are you pregnant?** □ **YES** If so, specify the term:
ONGOING TREATMENT	List of the medicines you take <u>regularly</u> or <u>when needed</u>: Do you have your medicines with you? □ **YES** □ **NO**
SPECIAL REQUIREMENTS	**Can you use a standard seat?** □ **YES** □ NO Details: **Can you eat and go to the toilets without assistance?** □ **YES** □ NO Details: **Do you need any particular equipment during the flight? (oxygen supply, wheelchair, stick, crutches, etc.)** □ NO □ YES Details:
SYMPTOMS Tick the appropriate box	**Do you CURRENTLY have health problems?** □ fever □ fatigue □ fainting □ coughing □ breathing difficulties □ nausea/vomiting □ diarrhoea □ headaches Other: