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

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

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