

## Travel advice questionnaire

Please have it signed by your supervisor and send it to the following address to arrange an appointment:  
FSU/UKJ: [betriebsarzt@med.uni-jena.de](mailto:betriebsarzt@med.uni-jena.de) External companies/institutes: [arbeitsmedizin@med.uni-jena.de](mailto:arbeitsmedizin@med.uni-jena.de).  
Please bring your vaccination card with you to the appointment.

### Traveler details

Name, first name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Zip code, city, street: \_\_\_\_\_

### Company details

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number of the supervisor: \_\_\_\_\_

### Travel Details

Destination countries: \_\_\_\_\_  
Travel duration: from: \_\_\_\_\_ to: \_\_\_\_\_  
Accommodation:  Hotel  Hostel  Camping  
Purpose of travel:  Congress participation  Expedition/  
excursions  Other reasons (internship,  
aid organizations,...)  
 Subsequent excursions/activities (vacation, diving, ...)  
Destination: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
Well-known infrastructure?  no  yes  
Contact with locals?  no  yes Contact type \_\_\_\_\_

We hereby confirm that all costs incurred for the travel vaccination consultation as well as all necessary vaccinations for the destination/transit countries will be covered by our company.

\_\_\_\_\_  
Date, signature of the supervisor

\_\_\_\_\_  
Stamp