

Passeport Santé



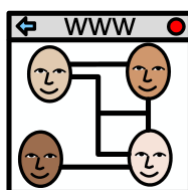
Nom:



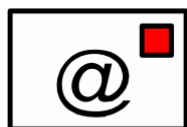
Date de naissance:



Téléphone:



Réseaux
sociaux:



E-mail:

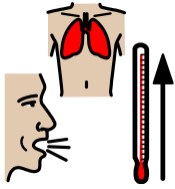


Autres
contacts:



A voyagé avec :





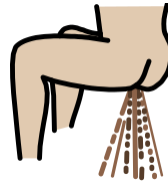
Symptômes



maux
d'estomac



nausée



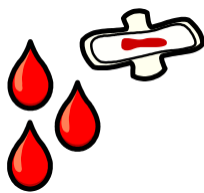
diarrhée



constipation



douleur
urinaire



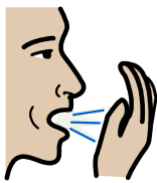
saignement



ulcère du pied



pied engourdi



toux



rhume



maux de gorge



température



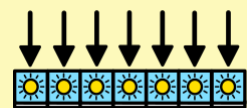
mal de tête



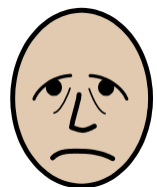
mal aux dents



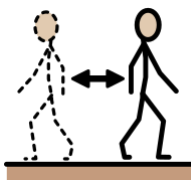
mal d'oreille



tous les jours



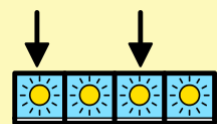
déprimé/e



agité/e



peut pas dormir



certains jours



1



2



3



4



5



6





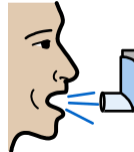
Mes Antécédents Médicaux



problème
cardiaque



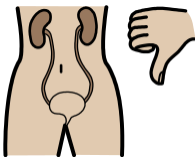
diabète



asthme



problèmes
respiratoires



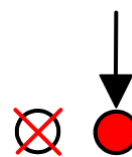
problème rénal



accident vasculaire
cérébral



épilepsie



autre



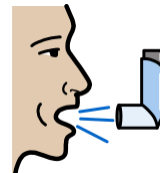
Mes Médicaments



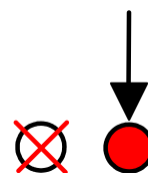
comprimés



insuline

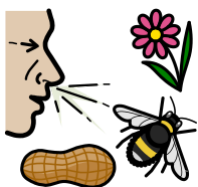


inhalateur



autre





Mes Allergies



médicament



piqûre
d'insecte



pollen



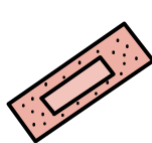
gluten



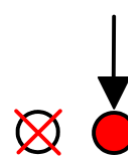
produits
laitiers



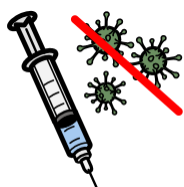
fourrure



pansement



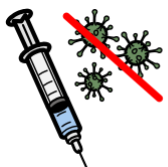
autre



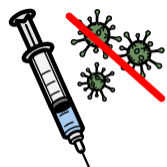
Vaccination Covid



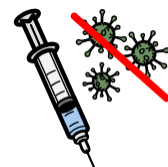
Pas de
vaccin



1
1ère dose



2
2e dose



3
3e Dose

