

Passaporte de Saúde



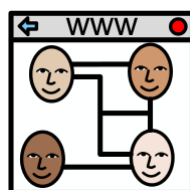
Nome:



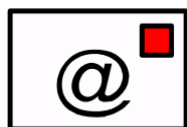
Data de Nascimento:



Contacto:



Redes Sociais:



Email:

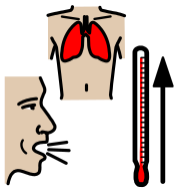


Outro contacto:



Viajo com:





Sintomas

dor de
estômago



náusea



diarreia



obstipado



dor a urinar



sangrar



bolha no pé



pé
dormente



tosse



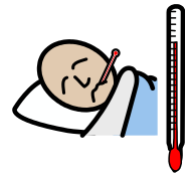
constipado



garganta
inflamada



temperatura



dor de
cabeça



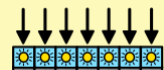
dor de
dentes



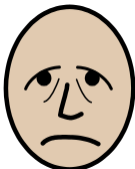
dor de
ouvido



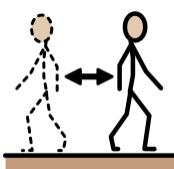
todos os
dias



deprimido



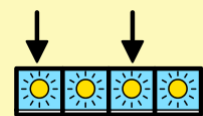
agitado



não consigo
dormir



alguns dias



1

2

3

4

5

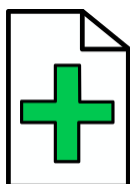
6

7

8

9

10



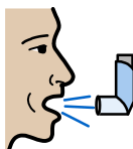
O meu historial médico



problemas
cardíacos



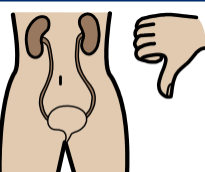
diabetes



asma



problemas
respiratórios



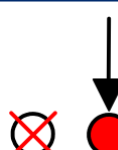
problemas renais



AVC



epilepsia



outro



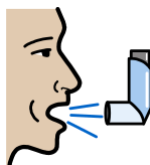
A minha medicação



comprimidos



insulina



bomba



outro





As minhas alergias



medicamentos



picadas de
inseto



pólen



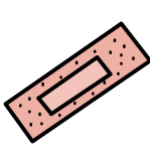
glúten



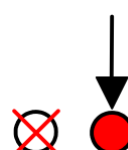
lactose



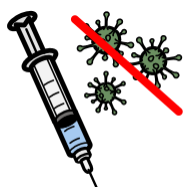
pêlo



pensos



outros



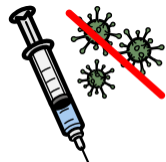
Vacinação COVID



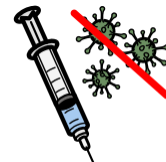
sem vacinas



1ª dose



2ª dose



3ª dose

