

Gesundheitspass



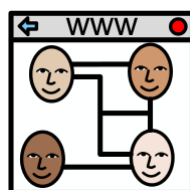
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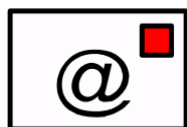
Geburtsdatum:



Telefon:



Social Media:



Email:



Andere
Kontakte:



Reisebegleiter:





Symptome

Bachweh



Übelkeit



Durchfall



Verstopfung



Urin Schmerzen



Blutung



Fußgeschwür



tauber Fuß



Husten



Erkältung



Halsweh



hohe Temperatur



Kopfweh



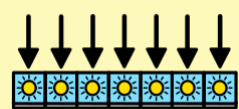
Zahnschmerzen



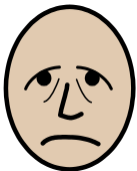
Ohrenschmerzen



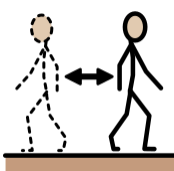
jeden Tag



depressiv



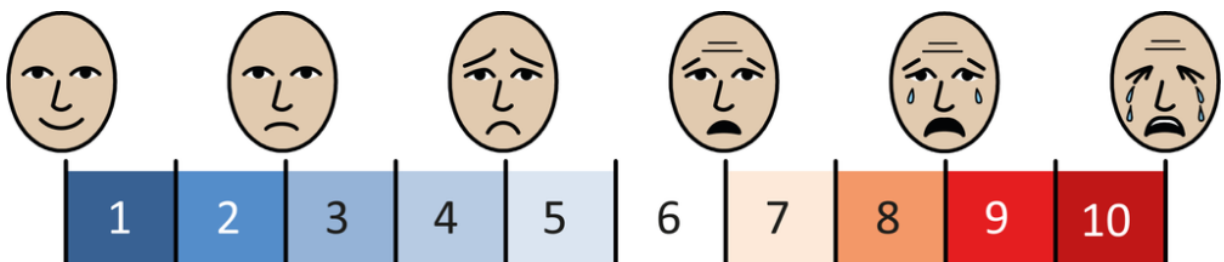
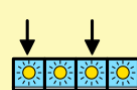
unruhig



kann nicht schlafen



manche Tage





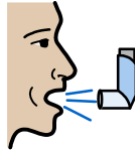
Medizinische Vorgeschichte



Herzprobleme



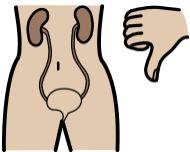
Diabetes



Asthma



Atemprobleme



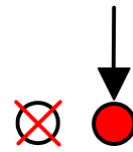
Nierenprobleme



Schlaganfall



Epilepsie



Andere



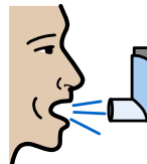
Meine Medikamente



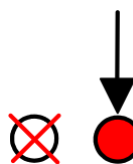
Tabletten



Insulin

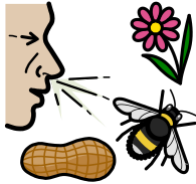


Inhalator



Andere





Meine Allergien



Medikamente



Insektenstich



Pollen



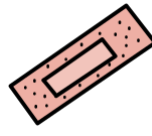
Gluten



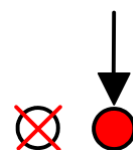
Laktose



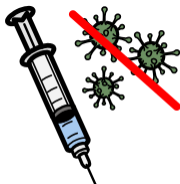
Fell



Pflaster



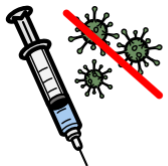
Andere



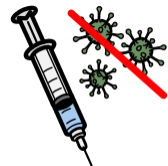
Coronaimpfung



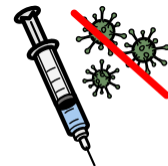
Keine
Impfung



1. Dosis



2. Dosis



3. Dosis

