Travel Health Self-Assessment

For staff, postgraduate and undergraduate students intending to undertake a Work Placement / Elective / Field Trip / Study Abroad.

Please complete the self-assessment questionnaire below. If you answer **Yes** to any of the following please contact Occupational Health Services at [millocchealth@manchester.ac.uk](mailto:millocchealth@manchester.ac.uk) for staff and postgraduate students or [waterlooocchealth@manchester.ac.uk](mailto:waterlooocchealth@manchester.ac.uk) for undergraduate students. If you have answered **No** to all 5 questions no further action required.

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| --- | --- | --- | --- | --- |
|  | Will you be travelling to a tropical country or a country where vaccinations or prophylactic medication ( i.e. malaria) are recommended? | Yes | | No |
|  | Will you be travelling to remote locations where you will be more than 24 hours from the nearest medical facility? | Yes | | No |
|  | Will your travel involve activities posing high risk in the event of sudden illness or incapacity e.g. working at altitude, working at sea, technical climbing, abseiling, diving, caving, archaeological digs etc.? | Yes | | No |
|  | Do you have any health related disability (or an existing support plan) for which you may require support or assistance during your travel? | Yes | | No |
|  | Do you have any health condition that may impact upon your ability to undertake the proposed travel which requires medical or other support? | Yes | | No |
|  | Do you have any pre-existing unstable medical condition or are you recovering from a recent illness, hospitalisation, injury or surgery? | | Yes | No |
|  | Are you pregnant? | | Yes | No |

Only complete the details below if you are contacting Occupational Health Services.

|  |  |  |  |
| --- | --- | --- | --- |
| University ID number | Male | Female | |
| Surname | Forename | | |
| Address | | | Date of Birth |
| Mobile no: | Email | | |
| Department/School | Course/Role | | |
| Destination | Exact location or region | | |
| Date of Travel: | Return date | | |
| Field trip coordinator | Manager/Supervisor | | |
| Please indicate reason for travel:  Business  Field Trip  Elective  Secondment  Conference  Placement | | | |