Travel Health Needs Risk 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 and return to Occupational Health Services at millocchealth@manchester.ac.uk

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| --- | --- | --- |
| 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 |

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| TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLYField trip ☐Business trip ☐Elective ☐Study abroad ☐Volunteer work ☐ |

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| ADDITIONAL INFORMATION e.g. details of project/field trip/conference etc. |

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| PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY |
|  | YES | NO | DETAILS |
| Are you generally fit and well? |  |  |  |
| Any allergies including food, latex, medication? |  |  |  |
| Any surgical operations in the past including your spleen or thymus gland? |  |  |  |
| Recent chemotherapy / radiotherapy / organ transplant? |  |  |  |
| Bleeding / clotting disorder (including history of DVT)? |  |  |  |
| Anaemia? |  |  |  |
| Heart disease (e.g. angina, high blood pressure)? |  |  |  |
| Diabetes? |  |  |  |
| Epilepsy / seizures? |  |  |  |
| Gastrointestinal (stomach) complaints? |  |  |  |
| Liver and or kidney disease? |  |  |  |
| HIV/AIDS? |  |  |  |
| Immune system condition? |  |  |  |
| Mental health issues (including anxiety, depression? |  |  |  |
| Neurological (nervous system) illness? |  |  |  |
| Respiratory (lung) disease? |  |  |  |
| Rheumatology (joint) conditions? |  |  |  |
| Spleen problems? |  |  |  |
| Any other conditions? |  |  |  |
| **Women only** |  |  |  |
| Are you pregnant? |  |  |  |
| Are you breast feeding? |  |  |  |
| Are you planning pregnancy while away? |  |  |  |

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| Are you currently taking any medication (including prescribed, purchased or a contraceptive pill? |
| Give details here. |

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| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST.****THIS INFORMATION IS IMPORTATANT.** **PLEASE COMPLETE WITHOUT IT WE CANNOT GIVE A VIEW ON YOUR FITNESS TO TRAVEL.** |
| VACCINE | DATE | VACCINE | DATE | VACCINE | DATE |
| Tetanus/polio/diphtheria |  | MMR |  | Hepatitis B |  |
| Primary course 1st  |  | 1st |  | 1st |  |
|  2nd  |  | 2nd |  | 2nd |  |
|  3rd  |  | Hepatitis A |  | 3rd |  |
|  4th  |  | 1st |  | 5 year booster |  |
|  5th  |  | 2nd |  |  |  |
|  Booster  |  |  |  |  |  |
| Typhoid (most recent) |  | Hepatitis A/Typhoid |  | Pneumococcal |  |
| Cholera |  | Influenza |  | Meningitis/ACWY |  |
| Rabies |  | Japanese Encephalitis |  | Tick Borne Encephalitis |  |
|  1st |  |  1st |  | 1st |  |
|  2nd |  |  2nd |  | 2nd |  |
|  3rd |  |  3rd |  | 3rd |  |
| Yellow Fever with valid copy of certificate |  | BCG |  | Other |  |
| Malaria tablets: |

|  |  |
| --- | --- |
| Name: | Date |

Data Protection Information

Records are held in confidence by The University Occupational Health Services.

No identifiable medical or other information you provide in confidence and contained in your Occupational Health record will be released by the Occupational Health Service to anyone else without your consent being obtained.

You may obtain access to your Occupational Health record by contacting the Occupational Health Service.

The University of Manchester will not share your information with any third party. For further information of your rights to access data which we hold about you please contact the Records Management Office Tel: 0161 275 8111 and e mail dataprotection@manchester.ac.uk

Please return your completed questionnaire to millocchealth@manchester.ac.uk

Occupational Health Services, B22 The Mill, Sackville Street, Manchester M13 9PL