**Health Clearance by the College Occupational Health service is required for:**

1. Travel to malaria endemic regions/ tropical countries or for fieldwork which involves working in remote areas (more than 24 hours away from medical support) or

2. Activities posing high risk in the event of sudden illness or incapacity e.g. technical climbing, abseiling, diving, caving or

3. If the trip is of more than 3 months duration.

Evidence of departmental risk assessment signoff for all individual and group, (small team and student) fieldwork activities by the Head of Department or (delegated Departmental Operations Manager/Departmental Safety Manager) is required prior to the processing of Travel Health Clearance Questionnaires. Please note Health clearance is only withheld in exceptional circumstances.

The purpose is to identify any medical support needs you may have and to ensure that these are in place or can be provided to protect you and other members of your group, if applicable.

Please answer the questions honestly and fully.

If you have a health problem which could cause sudden illness or incapacity whilst away and for which you might require assistance from colleagues, your Fieldwork Leader or Supervisor will be advised on precautions which need to be in place to provide for this. Medical information will only be disclosed with your consent and on a ‘need-to-know’ basis.

Email your completed your questionnaire to occhealth@imperial.ac.uk

When your questionnaire has been screened you will be sent an email detailing the recommendations to protect your health and instructions on arranging an appointment. If vaccinations or malaria prophylaxis are recommended for your destination, you need to make an appointment with the College OH service at South Kensington. You can check [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) for standard recommendations.

You will not be offered an appointment until your form has been processed.

**Data Protection Information**

The information that you supply on this questionnaire will be held in confidence by the College Occupational Health service as part of your Occupational Health record, please refer to the Occupational Health Privacy Notice: [www.imperial.ac.uk/occupational-health/privacy-notice](http://www.imperial.ac.uk/occupational-health/privacy-notice)

# Personal information

Title:      Surname:           First name:

CID:            Date of birth:

Division:                      Department/Section:                 Campus:

Current home address

Telephone: Work  Mobile College Email:

# Travel and work information

1. What countries will you be working in? Which cities, state or region?
2. Will you need annual health clearance for trips to this destination in the next 12 months? Yes **[ ]** No[ ]
3. What additional countries will you be holidaying in (if applicable)?
4. Will you have stop-overs in other countries? Please list:
5. Date of departure?
6. How many **days** will you be away?
7. What type of accommodation will you be using?

 Hotel [ ]  Hostel **[ ]** camping **[ ]** other **[ ]**

1. What is the purpose of your trip?

 Conference/ meeting [ ]  Academic visit [ ]  work experience/ elective [ ]  Fieldwork [ ]

1. What will you be doing? (Brief description of work including details of specific hazards e.g. infectious diseases)
2. Name of Principal Investigator/ Line Manager/ Fieldwork leader (Imperial College)

# Past health

1. Have you ever had a black-outs or fit? Yes [ ]  No**[ ]**
2. Have you ever required emergency admission to hospital? Yes **[ ]**  No[ ]
3. Have you ever experienced any mental health issues, even mild anxiety or depression that has interfered with your day-to-day life/studies?……………………………………………..Yes **[ ]**  No[ ]
4. Have you been treated with steroid or immunosuppressant drugs in past 2 years?

Yes **[ ]**  No[ ]

1. Have you ever had a bad reaction to a vaccine or injection? Yes **[ ]**  No[ ]
2. Have you ever had an allergic reaction to medicines or foodstuffs? Yes **[ ]**  No[ ]
3. Have you had a clot in your leg or lung (DVT/ PE)? Yes **[ ]**  No[ ]

|  |
| --- |
| If **Yes**, provide details below (e.g. nature of problem; when it occurred; effect on your day to day activities; treatment/medication/self-care)      |

## Current health

1. Do you have any current health problems? Yes **[ ]**  No[ ]
2. Have you needed to consult a doctor in past 6 months? Yes **[ ]**  No[ ]
3. Are you currently taking any medicines or treatment? (including
“over the counter” medicines e.g. antacids, antihistamines, cough syrups etc) Yes **[ ]**  No[ ]

|  |
| --- |
| If **Yes**, provide details (e.g, nature of problem; effects on you; treatment/medication) |

(**Women only**)

1. Are you pregnant or breastfeeding at present
or intending to become pregnant in the near future? Yes **[ ]**  No[ ]
2. Are you currently using oral contraception? Yes **[ ]**  No[ ]

## Additional questions for fieldworkers (not required for conference/ meetings etc)

1. Do you have any health problem or disability that:
	1. Affects your mobility? Yes **[ ]**  No[ ]
	2. Restricts your ability to undertake physically demanding tasks? Yes**[ ]**  No[ ]
	3. Renders you liable to injury? Yes **[ ]**  No[ ]
	4. Reduces your resistance to infection? Yes **[ ]**  No[ ]
	5. Impairs vision or hearing? Yes **[ ]**  No[ ]
	6. Requires special equipment or support
	to enable you to work independently? Yes **[ ]**  No[ ]

|  |
| --- |
| If **Yes** for any of the above, provide details and then proceed to questions overleaf  |
|

|  |
| --- |
| 1. What time-distance will you be from
 |
| a. | The nearest medical facility? |      \_\_\_\_\_\_ | b. | The nearest general hospital?  |      \_\_\_\_\_\_\_\_\_\_ |
| 1. If you will be working alone how far will you be from your base?      \_\_\_\_\_\_\_\_\_\_
 |

 |

## Additional questions if travelling to a country with malaria risk

1. Is your weight greater than 40kg?.........................................................................Yes[ ]  No**[ ]**
2. Have you had any of the following medical conditions?
	1. Renal failure ………………………………………………………………………………………..Yes **[ ]**  No[ ]
	2. Myasthenia Gravis .……………………………………………………………………………..Yes **[ ]**  No[ ]
	3. Systemic Lupus Erythematosis (SLE) ………………………………………………………………………..Yes **[ ]**  No[ ]
	4. Alcohol dependence ……………………………………………………………………………Yes **[ ]** No[ ]
	5. Photosensitivity.…………………………………………………………………………………..Yes**[ ]**  No[ ]
3. Have you used anti-malarial medicines before? Yes [ ]  No[ ]
	1. If **Yes**, which?
	 [ ]  Choroquine & Paludrine (Avloclor™/ Proguanil™)
	 [ ]  Mefloquine (Lariam™)
	 [ ]  Doxycycline (Vibromycin™)
	 [ ]  Atavaquone/ Proguanil (Malarone™)
	 [ ]  other
4. Did you experience any significant adverse reaction ……………………………………………………….Yes **[ ]**  No[ ]
	1. If **Yes**, describe
5. If you have already obtained malaria prophylaxis elsewhere, which anti-malarial medicine have you obtained?

## Previous immunisations/ vaccines

Have you been immunised against any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VACCINE**  | **DATE OF LAST VACCINATION**  | **VACCINE**  | **DATE OF LAST VACCINATION**  | **VACCINE**  | **DATE OF LAST VACCINATION**  |
| Tetanus  |       | Tuberculosis (BCG) |       | Rabies 1 2 3 |       |
| Polio |       | Hepatitis A 1 2 |       | Meningitis ACWY |       |
| Diphtheria  |       | Hepatitis B  |       | Tick-borne encephalitis  |       |
| Yellow Fever  |       | Typhoid  |       | Japanese encephalitis  |       |
| MMR 1MMR 2 |       | Other |       |       |       |

**Email completed forms to** **occhealth@imperial.ac.uk**

## For OH use

|  |  |
| --- | --- |
| Travel leaflet:  | [ ]  given [ ]  web link sent |
| Malaria leaflet:  | [ ]  given [ ]  web link sent |
| Health Clearance: | [ ]  Yes [ ]  No [ ] N/A [ ] Notified. Date  |
| Notes |
|  |