**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](mailto: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 campingother

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 1  MMR 2 |  | Other |  |  |  |

**Email completed forms to** [**occhealth@imperial.ac.uk**](mailto: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 | |
|  | |