**GCU Referral for Overseas Travel**

Please email completed form to [OHenquiries@gcu.ac.uk](mailto:OHenquiries@gcu.ac.uk)

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| Section 1 General  Personal Details | | | |
| **Full Name** | Click here to enter text. | **Job Title** | Click here to enter text. |
| **School** | Click here to enter text. | **Department** | Click here to enter text. |
| **DOB** | Click here to enter text. | **Male/Female** | Click here to enter text. |
| **Address**  **Postcode** | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. | | |
| **Contact telephone 1** | Click here to enter text. | | |
| **Contact telephone 2** | Click here to enter text. | | |
| **Email Address** | Click here to enter text. | | |

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| Travel Approver Details (e.g. Head of Department/Line Manager) | |
| **Full Name** | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Contact telephone 1** | Click here to enter text. |
| **Contact telephone 2** | Click here to enter text. |
| **Email Address** | Click here to enter text. |

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| Travel Approver Details (e.g. Head of Department/Line Manager) |
| For GCU Glasgow staff, please state your appointment preference:  Face to face  Telephone  Please note, where a telephone consultation is preferred, this may need to be followed up with a face to face appointment, for example, when vaccinations are required.  Staff based at GCU London will always be offered a telephone consultation and advised of the arrangements for local vaccinations. |

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| Trip Details | |
| **Date of departure** | Click here to enter text. |
| **Return or overall length of trip** | Click here to enter text. |

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| Itinerary and purpose of visit | |
| **Country to be visited** | 1. Click here to enter text.  2. Click here to enter text.  3. Click here to enter text. |
| **Length of stay** | 1. Click here to enter text.  2. Click here to enter text.  3. Click here to enter text. |
| **Away from medical help at destination? If so, how remote?** | 1. Click here to enter text.  2. Click here to enter text.  3. Click here to enter text. |

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| Please tick the descriptions that best describe your trip | | | | | |
| **Business < 3 months** |  | **Shift Work** |  | **Altitude > 3000m** |  |
| **Business > 3 months** |  | **Computer use** |  | **Good accommodation** |  |
| **Regular travel (international)** |  | **Urban** |  | **Basic accommodation** |  |
| **Backpacking/Trekking** |  | **Rural** |  | **Poor communication** |  |
| **Travelling alone** |  | **In a group** |  | **With colleague (s)** |  |

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| Section 2 Travel Health Assessment  Medical Information  2.1 | |
| **Do you have any recent or past medial history of note** | Yes  No |
| **This includes diagnosed conditions such as diabetes, heart or lung conditions, epilepsy or any recent surgery.**  **If yes, please provide details:**  Click here to enter text. | |

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| 2.2 | |
| **Do you have any muscle, joint or bone problems particularly affecting the neck/shoulder/arm/wrist/hands or legs which will cause difficulty with bending, lifting, sitting or standing for long periods or keyboard work?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.3 | |
| **Do you suffer from or have a history of anxiety, depression or psychiatric disorder?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.4 | |
| **Are you on any current or repeat prescriptions?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.5 | |
| **Have you recently undergone radiotherapy, chemotherapy or steroid treatment in the last 6 months?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.6 | |
| **Are you having, or waiting for, treatment or investigations at present?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.7 | |
| **Women only: are you pregnant or planning pregnancy or breast feeding?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.8 | |
| **Have you ever had a serious reaction to a vaccine?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.9 | |
| **Does having an injection make you feel faint?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.10 | |
| **Do you have any allergies eg. eggs, antibiotics, nuts?** | Yes  No |
| **If yes, please provide details:**  Click here to enter text. | |

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| 2.11 | |
| **Have you familiarised yourself with the University Travel Insurance arrangements and taken out additional travel insurance where required?** | Yes  No |
| **Please ensure your insurance company is informed of any medical condition you are suffering from.** | |

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| Section 3 Vaccination History  **Have you ever had any of the following vaccinations/malaria tablets, and if so when?** | | | | | |
| **Tetanus** | Click here to enter text. | **Polio** | Click here to enter text. | **Diphtheria** | Click here to enter text. |
| **Typhoid** | Click here to enter text. | **Hepatitis A** | Click here to enter text. | **Hepatitis B** | Click here to enter text. |
| **Meningitis** | Click here to enter text. | **Yellow Fever** | Click here to enter text. | **Influenza** | Click here to enter text. |
| **Rabies** | Click here to enter text. | **Jap B encephalitis** | Click here to enter text. | **Tick borne** | Click here to enter text. |

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| Section 4 Consents and Declaration |
| I understand that relevant information regarding my fitness for travel will be passed to the Travel Approver and that my travel health record will be stored confidentially by the University’s Occupational Health Provider.  I declare that the information I have provided in this questionnaire is to the best of my knowledge accurate and complete. I have no reason to think I may be pregnant (females only). I have received information on the risks and benefits of the recommended vaccines and have had the opportunity to ask questions. I consent to the recommended vaccines being given.  **Signature of Employee Travelling**: Click here to enter text.  **Date:** Click here to enter text. |

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| Confidentiality Statement |
| The University’s Occupational Health Provider treats all medical information as confidential.  Details of medical conditions are not disclosed to the company. However, the University’s Occupational Health Provider will use the disclosed information to assess your fitness for a proposed trip/secondment abroad and to consider whether any specific adjustments may be recommended. The advice to the company does not, therefore, include any information concerning a diagnosis or treatment you may be receiving. |

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| For office use only | | | |
| **Risks discussed** | **Yes** | **No** | **N/A** |
| Bite avoidance |  |  |  |
| Food/water hygiene |  |  |  |
| Blood borne viruses |  |  |  |
| Rabies |  |  |  |
| Schistosomiasis |  |  |  |
| Insurance/accidents |  |  |  |
| Sun protection |  |  |  |
| DVT avoidance |  |  |  |
| Reporting of any illness whilst abroad or on return |  |  |  |
| Other (please specify) |  |  |  |