UNIVERSITY OF CAMBRIDGE

CONFIDENTIAL

Occupational Health

Pre-travel Risk Assessment Form – Part 1

Personal information

Surname: ..... Mr / Mrs / Miss / Ms / Dr / Prof / Other

First names: ..... Date of Birth: .....

Status: Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Other

Job title: .....

Department / College: ..... Internal tel: .....

Mobile: ..... Email: .....

Address: .....

Name of Principle Investigator / Line Manager / Fieldwork Leader: .....

Data Protection Information

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement

Health information

Please answer all questions	**Yes**	**No**	**If 'Yes' please give date and details**
1. Do you have any current health problems or a disability?	☐	☐	
2. Have you had any surgical procedures, e.g., spleen or thymus gland removed?	☐	☐	
3. Do you have any allergies, including food, latex or medicines?	☐	☐	
4. Have you ever had epilepsy or convulsions?	☐	☐	
5. Have you ever had an adverse reaction to a vaccination?	☐	☐	
6. Have you been treated with steroids or immuno-suppressant drugs during the last two years?	☐	☐	
7. Do you suffer from any heart, liver or kidney disorders?	☐	☐	
8. Do you suffer from psoriasis?	☐	☐	
9. Do you have a history of depression or anxiety or treatment for a psychiatric disorder?	☐	☐	
10. Are you taking any medication? (*including prescribed, purchased or oral contraceptive pill*)	☐	☐	
Females only Are you, or could you be, pregnant or breastfeeding?	☐	☐	

Travel information

All countries to be visited in order (*please specify exact location / region and include stopovers):*	
	Travel Date:
	Duration: **weeks**
	Return date:

Living conditions

Accommodation: ☐ Hotel ☐ Hostel ☐ Private Residence ☐ Camping

Environment: ☐ Major City ☐ Urban ☐ Rural ☐ Field

Time-distance to nearest: Medical facility: General hospital:

Specific hazards / activities

Working with animals	☐	Hospital elective / healthcare work	☐
Backpacking	☐	Expedition or travelling remotely	☐
Travel to high altitude	☐	Visiting friends and relatives	☐
Lone working	☐	Higher risk activities, e.g. diving, climbing	☐

Other:

Brief description of proposed work

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Immunisation History *(please complete / provide as much information as possible)*

Vaccine	Yes	No	Year initial schedule completed	Date of last booster
Hepatitis A	☐	☐		
Hepatitis A + Typhoid	☐	☐		
Hepatitis B	☐	☐		
Influenza	☐	☐		
Japanese Encephalitis	☐	☐		
Measles, Mumps and Rubella (MMR)	☐	☐		
Meningitis ACWY	☐	☐		
Rabies	☐	☐		
TB - BCG	☐	☐		
TB - Mantoux test / interferon gamma release assay (IGRA)	☐	☐	Date:	Result:
Tetanus / Diphtheria / Polio	☐	☐		
Tick borne Encephalitis	☐	☐		
Typhoid	☐	☐		
Varicella (chickenpox)	☐	☐		
Yellow Fever	☐	☐		
Other:				

Traveller signature: ..... **Date:** .....