

Travel Health Assessment Form – OHF5

Travel Health Assessment Form

Full Name		Date of Birth and Age	
Place of Work		Contact Details	
Male/Female		Staff/Student No	
Date of Travel		Return Date	

A.	Itinerary and purpose of visit/country to be visited	Duration	Risks/Hazards	Medical Facilities?
B.	Type of Trip	Business	Pleasure	Other
C.	Accommodation – give details	Hotel	Backpacking	
		Camping	Relatives/Family Homes	
		Trekking	Other	
D.	Travelling	Alone	With family/friend	
		In group	Other	
E.	Staying in area which is	Urban	Rural	Altitude
F.	Planned Activities	Research	Health Care (Human)	Animal Centred
		Other		

Personal Medical History

1. Do you have any recent or past medical history of note?	Yes	No	Please give details:
2. Are you taking any current or repeat medications?	Yes	No	
3. Do you have any allergies for example to eggs, antibiotics, nuts?	Yes	No	
4. Have you ever had a serious reaction to a vaccine given to you before?	Yes	No	
5. Does having an injection make you feel faint?	Yes	No	
6. Do you or any close family members have epilepsy?	Yes	No	
7. Do you have a history of mental illness including depression or anxiety?	Yes	No	
8. Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	Yes	No	
9. Have you taken out travel insurance?	Yes	No	:
10. If you have a medical condition have you informed the insurance company about this?	Yes	No	
11. Women only: Are you pregnant or planning pregnancy or currently breast feeding?	Yes	No	

Vaccination History – Have you ever had any of the following vaccinations/malaria tablets? If so when?

Vaccine	Yes	No	Dates
Diphtheria			
Tetanus			
Polio			
MMR (measles, mumps, rubella)			
Hepatitis A			
Hepatitis B			
Influenza			
Tick Borne Encephalitis			
Typhoid			
Meningitis ACWY			
Rabies			
Japanese B Encephalitis			
Yellow Fever			
Tuberculosis (BCG)			
Meningitis C			
Cholera			
Malaria Tablets			

Submit this form to the Occupational Health Unit - (occupational.health@ed.ac.uk), Drummond Street Annexe, Drummond Street, Edinburgh EH8 9XP - where an advisor will be able to discuss your needs with you and advise on actions you need to take.

Recommendations

The following immunisations, as follows, are recommended for your trip:

Vaccine	Route	OPAS updated	Sign
Diphtheria			
Tetanus			
Polio			
MMR (measles, mumps, rubella)			
Hepatitis A			
Hepatitis B			
Influenza			
Tick Borne Encephalitis			
Typhoid			
Meningitis ACWY			
Rabies			
Japanese B Encephalitis			
Yellow Fever			
Tuberculosis			
Meningitis C			
Cholera			
Malaria Tablets			

Travel Advice and Leaflets given – to be completed by Occupational Health Advisor			
Topic	Discussed	Queries	Sign
Food, Water and Personal Hygiene			
Travellers diarrhoea			
Hepatitis B and HIV			
Insect Bite Prevention			
Animal Bites			
Accidents			
Insurance			
Air Travel			
Sun and Heat Protection			
Websites			
Travel Record Card Supplied			
Travel Health Pack (Simple)			
Sterile Health Pack + authorisation			
Follow up programme			

Malaria Prevention Advice and Malaria Chemoprophylaxis

Medication	Route	Supplied (number)	Sign
Doxycycline			
Chloroquine and Proguanil			
Atovaquone and Proguanil (Malarone)			
Chloroquine			
Mefloquine			
Malaria advice leaflet given			

Signed: _____ **Date:** _____

Position: _____