About this Form

The Travel Clinic of the University Occupational Health Service provides travel advice, immunisations, and antimalarial prophylaxis to University employees, and specified Non-Employee Eligible Groups (see our web page for more details) travelling on University business.

The reasons for University Business travel may include undertaking research abroad, attending conferences or going on field trips.

The travel service is chargeable to either the individual or the department dependent on circumstances.

Please send this completed form **and** any supporting documentation requested to the Occupational Health Services mailbox: enquiries@uohs.ox.ac.uk

Following receipt of this from, OHS may need to contact you to arrange an appointment if required.

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Employee Details

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
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<tr>
<td>Department, College or Organisation:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
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</tbody>
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<table>
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<tr>
<th>Email Address:</th>
<th>Contact Number:</th>
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**I am (please tick one):**

<table>
<thead>
<tr>
<th>University Staff:</th>
<th>DPhil Student:</th>
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<tbody>
<tr>
<td>MPhil Student:</td>
<td>MSc Student:</td>
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<tr>
<td>Other:</td>
<td>Please Specify:</td>
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</tbody>
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Invoicing Details

Please indicate whether payment for any medications and advice received in the Travel Clinic will be the responsibility of your department or you as an individual (please tick the appropriate box).

<table>
<thead>
<tr>
<th>Department or College:</th>
<th>Name of Invoice Authoriser:</th>
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</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Name of Invoice Authoriser:</td>
</tr>
<tr>
<td>Individual:</td>
<td></td>
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</tbody>
</table>
### Travel Details

Have you previously visited the Travel Clinic?  
- Yes:  
- No:  

Please list below all the destinations that you will be travelling to (include stop overs):

<table>
<thead>
<tr>
<th>Destination</th>
<th>Departure Date</th>
<th>Length of Stay</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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**Have you ever had, or do you now have any long-standing or temporary health condition(s), which could affect your fitness to travel?**  
Examples would be a history of DVT, Heart or Respiratory disease, Diabetes, Pregnancy, recent surgery or injury

- Yes:  
- No:  

If Yes, please provide details:

### Vaccination History

Some vaccinations require multiple doses for immunity. Please provide all dates on which you received doses of the following vaccinations. You may need to consult your GP’s records for this information.

| Vaccine                  | Date 1 | Date 2 | Date 3 | Date 4 | Date 5 | Date 6 | Date 7 | Date 8 | Date 9 | Date 10 | Date 11 | Date 12 | Date 13 | Date 14 | Date 15 | Date 16 | Date 17 | Date 18 | Date 19 | Date 20 | Date 21 | Date 22 | Date 23 | Date 24 | Date 25 | Date 26 | Date 27 | Date 28 | Date 29 | Date 30 | Date 31 | Date 32 | Date 33 | Date 34 | Date 35 | Date 36 | Date 37 | Date 38 | Date 39 | Date 40 | Date 41 | Date 42 | Date 43 | Date 44 | Date 45 | Date 46 | Date 47 | Date 48 | Date 49 | Date 50 | Date 51 | Date 52 | Date 53 | Date 54 | Date 55 | Date 56 | Date 57 | Date 58 | Date 59 | Date 60 | Date 61 | Date 62 | Date 63 | Date 64 | Date 65 | Date 66 | Date 67 | Date 68 | Date 69 | Date 70 | Date 71 | Date 72 | Date 73 | Date 74 | Date 75 | Date 76 | Date 77 | Date 78 | Date 79 | Date 80 | Date 81 | Date 82 | Date 83 | Date 84 | Date 85 | Date 86 | Date 87 | Date 88 | Date 89 | Date 90 | Date 91 | Date 92 | Date 93 | Date 94 | Date 95 | Date 96 | Date 97 | Date 98 | Date 99 | Date 100 | Date 101 | Date 102 | Date 103 | Date 104 | Date 105 | Date 106 | Date 107 | Date 108 | Date 109 | Date 110 | Date 111 | Date 112 | Date 113 | Date 114 | Date 115 | Date 116 | Date 117 | Date 118 | Date 119 | Date 120 |
Employee Declaration

I certify that the travel arrangements for which I am requesting travel advice and vaccination has approval by my Head of Department or my Departmental Central Administrator.

N.B. This travel relates solely to journey(s) to be taken on official University of Oxford business.

Signed: [ ] Date: [ ]

Or

My employer has a contract with Oxford University Occupational Health Service to provide a Business Travel service to employees travelling on company business.

Signed: [ ] Date: [ ]

Or

I am responsible for the total cost of my travel health consultation and subsequent treatment provided in respect of my impending travel on University business.

Signed: [ ] Date: [ ]

Confidentiality

This questionnaire will form part of your medical records. All OHS staff work to a strict code of ethics concerning the confidentiality of consultations and medical records. All staff, both clinical and non-clinical, cannot and will not disclose medical information of employees in their charge without the prior consent of those employees.

OHS will provide advice to the University and its departments without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as sensitive personal data in respect of the GDPR and related UK data protection legislation.

Liaison with others

Personal information conveyed to Occupational Health will not be disclosed to anyone without your explicit and informed consent (other than in exceptional circumstances as outlined below). By law we will need to give an outcome of the assessment to the relevant manager; this will almost always be limited to a recommendation of fitness to continue with the usual work. If there is evidence of a medical condition arising from work activities we will discuss this with you and seek your consent to provide advice to your manager about the next steps at work to protect your health.

Limitations to confidentiality

We can only release information without your consent in very rare, exceptional circumstances; these are
- instruction to disclose by a Court Order
- if disclosure is necessary to prevent the exposure of you or others to a risk of death or serious harm. In these cases we will continue to work with you and keep you informed. Only the minimum information would be disclosed.

How we manage the information you share with us

We keep paper based and electronic records of the information you provide to us. All personal and sensitive data that we hold is processed according to the requirements of the Data Protection Act and GDPR legislation 2018. The Occupational Health Service collects anonymized statistical information for audit, evaluation and freedom of information purposes only.