

**UNIVERSITY OF OXFORD OCCUPATIONAL HEALTH SERVICE**  
Employee / Staff Travel Health Assessment Form



**SENSITIVE AND CONFIDENTIAL**

**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](mailto:enquiries@uohs.ox.ac.uk)

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

**Employee Details**

Name:			
Date of Birth:			
Department, College or Organisation:			
Home Address:			
Email Address:		Contact Number:	
<b>I am (please tick one):</b>			
University Staff:		DPhil Student:	
MPhil Student:		MSc Student:	
Other:		Please Specify:	

**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).

Department or College:		Name of Invoice Authoriser:	
Organisation:		Name of Invoice Authoriser:	
Individual:			

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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):			
Destination	Departure Date	Length of Stay	Activities (Please include a brief description of accommodation being used, activities being performed and any fieldwork)
1.			
2.			
3.			
4.			

<p><b>Have you ever had, or do you now have any long-standing or temporary health condition(s), which could affect your fitness to travel?</b></p> <p>Examples would be a history of DVT, Heart or Respiratory disease, Diabetes, Pregnancy, recent surgery or injury</p>	Yes:	No:
If Yes, please provide details:		

Vaccination History							
Some vaccinations require multiple doses for immunity. <u>Please provide all dates on which you received doses of the following vaccinations.</u>							
You may need to consult your GP's records for this information.							
MMR:		Hepatitis A:		Hepatitis B:		Typhoid:	
Yellow Fever:		BCG:		Rabies:		Tetanus, Diphtheria & Polio:	
Meningitis ACWY or B:		Tick-Borne Encephalitis:		Japanese Encephalitis:		Other:	

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**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.