

Basic Overseas Travel Health Questionnaire



Study and work abroad STUDENTS

The University has a duty of care to all staff and students and this extends to any travel for or on behalf of the University either for business purposes, study or work placement. Many individuals with health problems or disabilities who cope without difficulties in the UK may encounter significant problems when travelling even relatively short distances. It is therefore important to ensure that all factors are taken into account when travelling. All staff and students must complete a short health questionnaire in accordance with the Guidelines to overseas travel health assessments. This will only need to be done once. Similar travel will be covered by a 'self declaration of health' form, unless the travel or subsequent travel falls into the category needing a 'Full Health Assessment'.

Surname:	First Name:	Title:
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Preferred telephone contact number:
Home Address:	Email address:	
School/Department:	Destination:	
	Date of Departure (approx. if not known):	
Purpose of trip: ERASMUS	Length of stay:	

	Yes	No
Are you currently unwell or have you required hospital treatment in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability or has anyone advised you that you might have a disability/medical condition that could affect your fitness to travel?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any current medical problems including any mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused travel insurance on health grounds or had special conditions imposed?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone advised you to take special precautions or advised against travel either on health grounds or to certain areas of the world on health grounds?	<input type="checkbox"/>	<input type="checkbox"/>

Please give the completed form to **International Partnerships** (your Travel Planner). If all answers are '**No**' International Partnerships will keep the form securely. If you have ticked '**Yes**' or you are unsure about any of these answers, International Partnerships will forward the form directly to the Medical Centre. You will then be contacted for clarification. You may be asked to attend for a health assessment, however, most queries can be dealt with by telephone. The aim of this assessment is to identify any support that may be required for travelling, or for the duration of your visit. Advice against travel would only be given in **very** exceptional circumstances.

This questionnaire will be held securely by International Partnerships so do not disclose any medically sensitive information. In signing this declaration you agree to notify the Travel Planner and the Insurance Office if there is any change in your health between completing this questionnaire and the day of travel. **You are required to inform the insurance office of your medical condition if it has been advised on your Travel Certificate issued by OH or the MC. Failure to do so could result in your travel being cancelled.**

I declare that I have complied with the requirements of the University's Health and Safety Performance Standard HSPS012, Travelling and Working Overseas, and provided full answers to all questions. I understand that travelling abroad against the advice of a qualified medical practitioner, which includes the University's Occupational Health Practitioners, or knowingly give a false declaration of health, could invalidate the medically-related sections of the University's business travel insurance policy applying to my trip. (Insurance Office 2010)

Signature:

School/Department:

Date:

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