

## Full Overseas Travel Health Questionnaire

Staff will need full health clearance from the University Occupational Health Service (OHS) and students will require full health clearance from the Medical Centre (MC) for trips that may pose significant risk to health, either because of the destination or the nature of activity undertaken, if they fulfil one or more of the following criteria:

- Travel to any tropical country or a country where vaccinations or prophylactic medication is recommended
- Travel to remote locations where you will be more than 24 hours from the nearest medical facility
- Any trip abroad lasting for more than four weeks.
- Travel that involves activities posing high risk in the event of sudden illness or incapacity e.g. working at altitude, working at sea, technical climbing, abseiling, diving, caving, archaeological digs etc.

In order to be able to give accurate advice on any support required for worldwide travel or overseas activities, we need you to complete a comprehensive health questionnaire. Some questions may not be relevant to your particular travel itinerary, however, we are unable to produce tailor-made questionnaires for each scenario, so we are grateful for your support in completing the whole questionnaire. The issues relevant to each question are included so that you, and the assessing doctor/nurse, can understand why the question is asked.

**The completed questionnaire should be forwarded to the OHS (staff) in a sealed envelope marked Private and Confidential or emailed direct to [ohpehq@kent.ac.uk](mailto:ohpehq@kent.ac.uk). Students completed questionnaires should be forwarded to the Medical Centre in a sealed envelope marked Private and Confidential or emailed direct to [mcentre@nhs.net](mailto:mcentre@nhs.net)**  
Details will only be released to relevant University staff with your written consent.

### **IMPORTANT INFORMATION FOR STUDENTS NOT REGISTERED AT THE UNIVERSITY MEDICAL CENTRE**

**If you receive your health care from a GP practice other than the University Medical Centre it may be necessary for the Medical Centre to liaise with your practice in order to give you medical travel clearance. If this is necessary then you will need to sign below allowing staff at the Medical Centre to apply for information and allowing for its release. If you wish to discuss this with someone prior to completing and signing this form please contact the University Medical Centre on 01227 469333; they will also be able to provide you with written information on the rules governing release of medical information between surgeries.**

**If you are in this position please complete the following information:**

**Address of GP practice of Health Centre:**

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## Confidential

Name (PLEASE PRINT BELOW)	SIGNATURE: (PLEASE SIGN BELOW)
<p>I confirm that I have consulted with a doctor or specialist nurse at my GP surgery for advice and/or pertinent immunisations for the purpose of the stated overseas journey.</p> <p>I consent to medical/nursing staff at the University Medical Centre, Giles Lane, Canterbury, CT2 7PB contacting my GP surgery for details of my health problems for the purpose of assessing my fitness to undertake this journey in line with the University of Kent's risk assessments and travel insurance requirements</p>	

## Personal Information

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:	
Purpose of trip: ERASMUS/STUDY ABROAD	Length of stay:	
Activities to be undertaken:		
Type of accommodation at destination:		

Condition	Yes	No	Comments
Have you had epilepsy requiring medication in the past ten years, or had any blackouts or fits in the past five years? ( <i>risk of sudden collapse, requirement for specialist treatment</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have diabetes requiring treatment? ( <i>problems with control while travelling due to time zone change, dietary difficulties, additional risks if injured or taken ill</i> )	<input type="checkbox"/>	<input type="checkbox"/>	

## Confidential

Do you have any conditions that require dietary restrictions? ( <i>difficulties identifying suitable food overseas</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been treated with steroids or immunosuppressants in the past two years? ( <i>risk from vaccinations or infectious diseases</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Are you HIV positive? ( <i>risk from vaccinations or infectious diseases</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a bad reaction to a vaccine or injection?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any known allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a thrombosis (deep vein thrombosis [DVT] or pulmonary embolus [PE]) or have you any identified risks of thrombosis? ( <i>risk from remaining sedentary for long periods while travelling</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current health problem? ( <i>mobility restrictions, need for treatment, physical limitations</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any hospital treatment or specialist treatment in the past six months for a physical or mental health issue? ( <i>possible risk of recurrence, need for treatment</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any underlying health problems for which you have been prescribed medication? ( <i>possible changes in health related to travel, need to take sufficient supplies and store these appropriately, need for special medical care in the event of emergencies</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Are you pregnant or breastfeeding, or intending to become pregnant in the near future? ( <i>some vaccinations and prophylactic medicines are unsuitable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Do you have a heart condition that could affect your fitness to travel? ( <i>risk from depressurised cabin, travel to altitude, stress, need for specialist care</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other medical problems that might affect your fitness to travel, or have you been advised in the past to modify travel arrangements for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a hearing impairment ( <i>risk from not hearing safety instructions</i> ) or ear problems (vertigo) that could affect your balance? ( <i>risk of falling</i> )	<input type="checkbox"/>	<input type="checkbox"/>	

**Confidential**

Do you have visual impairment? ( <i>risk from not being able to read instructions</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
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I certify that the above information is correct to the best of my knowledge and belief. I understand that I may be required to undergo a medical examination by the Occupational Health Service (staff) or the Medical Centre (students) for travel purposes.

**Please read carefully and indicate your wishes**

I **do/do not** give consent for the Travel Planner/Organiser to be informed of the results of this assessment. This will include advice on medical fitness and may include any additional medical information if considered appropriate e.g. epilepsy/diabetes etc. If consent is withheld it would be necessary to give serious consideration as to whether it is possible to issue a Fitness to Travel Certificate. This information will be held in confidence in accordance with the Data Protection Act. I agree to notify the Travel Planner and the Insurance Office if my health, i.e. the conditions declared on this form, or my treatment for such conditions changes 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)

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	

If you are forwarding this form electronically then an electronic signature is acceptable but the form must be sent from your own personal University of Kent email account. If the form has been printed then it must have a hand written signature.

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**Occupational Health/Medical Centre use only**

More information needed	<input type="checkbox"/>	Print: .....
Fitness to travel certificate issued	<input type="checkbox"/>	Name: ..... Date: .....

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