OCCUPATIONAL HEALTH SERVICE

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UNIVERSITY OF OXFORD

TRAVEL APPOINTMENT REQUEST FORM

All Departmental travel must have the prior approval of the Head of Department or Departmental Central Administrator.

Surname:	First Name : Mr/Ms/Mrs/Miss/Dr/Prof
Date of birth:	Date of request:
Home address:	
Department/College/Organisation:	
Contact Telephone no.	E-mail:
Are you a member of the University? YES ☐ NO ☐ Are you: **University Staff**? Please give your University Card No. …….. Are you a **student**? M.Sc. ☐ M.Phil. ☐ D.Phil. ☐ Other ……	
If this trip is funded by a Research Council or charitable organisation 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 appropriate box)*	Department ☐ Individual ☐ Name of Authorising person:
Have you visited the Travel Clinic previously?	YES / NO
Individual or Group travel? (If group, are you the group leader?)	
Destination/s (include all countries and main cities/towns/areas to be visited):	
Date of departure:	Duration of trip:
Purpose of visit:	

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. I agree to the advised course of treatment following discussion with Occupational Health

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

Signed…… Date: ……...

Authorising signature from Head of Department/Supervisor/Administrator

Signed.....……Date: ……

The information collected on this form is processed in accordance with the principles of the Data Protection Act 1998. All information you provide is held securely in confidence as part of your medical record by the Occupational Health Service.

N.B. It is usual to notify the University insurance section when a journey other than standard departmental travel is being planned.