

Travel Medicine Medicals

We hope you find the following information helpful. This applies to **pre, mid and post assignment medicals**. In certain situations, this may also apply to short consultations and biennial medicals.

The medical does not include advice on immunisations or anti-malarials. Please book a separate Travel Health Consultation with the nurses if you need these.

Introduction

The aim of the medical is to help ensure that:

- You are fit for travel and able to meet the requirements of your assignment in country
- Reasonable adjustments can be considered to enable you to maintain good health overseas.
- The assignment is not likely to make existing health conditions worse or put you or your colleagues at risk of illness or injury.
- We have medical records so that we can assist you should you have a health issue overseas.

Personal Health Form (PHF)

The PHF takes **15-20** minutes to complete. Please fill this out **before** your medical or arrive at **least 15 minutes before your appointment** time to complete it. If you are late or have not completed your PHF in time then we may need to shorten your appointment in order not to inconvenience other patients.

Accurate completion of the PHF is a condition of your health clearance to your sending agency (if required). Please answer all of the questions on the PHF. If you are not sure if something is relevant, it is best to declare it. **If you have completed one of these in the past 6 months or so, you can simply indicate any areas that have changed or problems you have had since.**

The Medical and your Personal Health Form are confidential. The doctor will discuss with you whether or not there are any adjustments to be recommended to your agency. We will make a written record on a consent form which you will be asked to sign. Disclosure of information is kept to a minimum and only rarely needs to include the nature of any health condition.

If it is felt that a health issue may put you or your colleagues at significant risk overseas, then it may be that we need to disclose there is a risk without your consent. This situation is very rare. The doctor will discuss that with you first.

Any recommendations made by us in the clearance to your agency are advisory only. HR and/ or your manager will consider these and whether they can be reasonably implemented.

During the medical

The medical lasts up to 45 minutes. Please be prepared to provide a urine sample. The doctor will discuss any health issues arising from your personal health form and carry out a physical examination, with explanation and “permission”, followed by routine blood tests.

After the medical

You will receive a report of the medical and blood test results. A health clearance will be sent separately to your agency, wherever possible within 5 working days. Following the medical you will be able to use our range of remote support services and travel health advice while overseas.

Wishing you healthy travels

Dr Claire Davies
Medical team manager

(h) Were there any attacks of malaria (confirmed or suspected) in the last 2 years or since last in the UK?

| When | Brief symptoms | Blood smear result | Treatment taken | Outcome |
|------|----------------|--------------------|-----------------|---------|
| | | | | |
| | | | | |
| | | | | |

(i) Have there been any confirmed or suspected attacks of malaria since coming back?.....
 If so, please specify date and what action you have taken

5. Has there been any exposure to **bilharzia**?.....
 (by swimming in freshwater lakes/ivers in Africa/parts of SE Asia/NE Latin America)

6. (a) Has the child had any severe or recurrent bouts of **diarrhoea**?

| When | Any blood or mucus | Test results | Treatment | Outcome |
|------|--------------------|--------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

(b) Does the child have any ongoing change from the normal bowel pattern?.....

7. (a) Has there been any undue **stress affecting this** child, such as prolonged separation from parents, civil unrest, burglaries, or difficulties at school?

(b) Do you think your child is suffering from any effects of stress?.....

(c) Type of overseas schooling (where relevant)?

Section Three – To be completed by all, please
 If there has been no change since their last medical, please write “N/C”.

1. DEVELOPMENT AND SOCIAL SKILLS

| Have you any concerns about the child’s development of: | Yes | No | If Yes, please give details |
|---|-----|----|-----------------------------|
| (a) Social skills? | | | |
| (b) Relationship with parents or siblings? | | | |
| (c) Hearing and speech? | | | |
| (d) Vision? | | | |
| (e) Co-ordination (games, writing, etc)? | | | |

2. PRESENT MEDICAL SUPPORT

(a) When and for what reason did this child last visit a doctor?.....

(b) Dentist? (c) Optician?

(d) What medicines are being taken?

3. MEDICAL CHECK LIST

| Has this child ever had: | Yes | No | If Yes, please give details of date, severity, treatment, duration and results of investigations |
|--|-----|----|--|
| (a) Medical care for over 10 days? | | | |
| (b) A special diet or eating disorder? | | | |
| (c) Any allergies? | | | |

