|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1 | Do you have a copy of the Companies travel insurance? |  |  |
| 2 | Do you require immunizations for the company you are visiting, if yes please contact the Companies nurse. |  |  |
| 3 | Have you a valid passport; is it valid for at least six months? |  |  |
| 4 | Do you require any necessary visa applications? Have these been carried out? |  |  |
| 5 | Will you be driving in the country you are visiting? |  |  |
| 6 | If the answer to Q5 is yes are you taking a pool car? |  |  |
| 7 | If the answer to Q6 is yes please information the Health and Safety Co-ordinator |  |  |
| 8 | Are you aware of the driving laws in the country you are visiting? |  |  |
| 9 | If driving in the country will you require an international driving permit? |  |  |
| 10 | One first aid box, consider sun cream, isotonic drinks or tablets, diarrhoea treatment, insect repellent, and antihistamine tablets or cream. |  |  |
| 11 | Necessary PPE, gloves, work boots, clothing etc. |  |  |
| 12 | Emergency Health kit (anti aids etc kit including blood plasma). |  |  |
| 13 | Have you a record of your blood group and any other medical information, e.g. Allergies? |  |  |
| 14 | Are you aware of local laws, while living and travelling abroad, you are subject to the laws of that country? |  |  |
| 15 | Are you aware of issues, (legal, safety and health) around alcohol and drug use? |  |  |
| 16 | Have you got a copy of your health book (record of immunizations)? |  |  |
| 17 | If taken, do you have supplies of prescription drugs? (N/A if not applicable) |  |  |
| 18 | Have you been instructed to contact base regularly? |  |  |
| 19 | Have you a mobile or satellite phone available? |  |  |
| 20 | Do you have a copy of emergency contact names and numbers? |  |  |

Incidents/Accidents

If your luggage has been tampered with, report it to the police immediately. If you are robbed or have an accident, report it to the police even if they can’t do anything, you will need the crime number to claim on the insurance.

Signed:       Print Name:       Dated: