|  |  |
| --- | --- |
| University of Glasgow logo |  Malaria Prophylaxis Request |
| This form **must** be completed by the Head of School / Institute / Service **or** the Direct Line Manager / Principal Investigator for all staff or students who require anti-malarial prophylaxis. |
| **Details of the individual who requires malaria prophylaxis** |
| **Full Name**  |  |
| **Date of Birth** |  |
| **Job Title / Student Status** |  |
| **Staff / Student Number** |  |
| **School / Institute / Service** |  |
| **Location** |  |
| **Contact Telephone Number** |  |
| **Contact E-mail Address** |  |
| **Details of budget holder as costs will be charged back to this project** |  |
|  |
| **Signature of Budget code holder**  |  |
| **Project code to be charged if replacement for expired drugs required**  |  |
| **Has risk assessment been attached? (Needs to accompany all requests)** | **Yes** | **No** |
| **DETAILS OF HAZARD STAGE (Please tick)** |  **Y** |  **N** |
| **Blood Stage?** |  |  |
| **If YES: state sensitivities** |  |
| **Is Tetracycline needed for mosquito stage?** | **Yes** | **No** |
| **Precautionary ACT required for those from potentially exposed countries** | **Yes** | **No** |

 **Occupational Health Unit**

 **63 Oakfield Avenue**

**Glasgow, G12 8LP**

**Telephone: 0141 3307171**

**E-Mail: ohu@admin.gla.ac.uk**