|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**

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