

Travel

Initial

DATE: 10/04/2019

RISK ASSESSMENT

Personal Details			
Name:			
<p>This form must be completed and forwarded to the District Insurance Officer 3 weeks prior to travel. Place a tick in either 'Yes' or 'No'. Where the question is not applicable to your travel – tick 'N/A'. Please provide brief details for any question that you have ticked 'Yes'.</p>			
Destinations(s):			
Purpose of Travel:		Is this trip to include holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact details (eg. Mobile phone, local phone, email):			
Your Travel			
What is your length of stay? <i>Details:</i>			
Is this your first visit to the location? <i>Details:</i>			
Are you travelling alone? <i>Details:</i>			
Are you meeting Rotarians? <i>Details:</i>			
Your Health			
Do you have any medical conditions that may be aggravated by this travel?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Is the destination at risk of infectious diseases for which no vaccination is available?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Do you require specific medications that may be difficult to obtain at your destination?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Will you be carrying prescription drugs with you? <i>Be aware some countries have different drug laws (view Travel Doctor tmvc.com.au)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
You MUST disclose to the insurer details of any pre-existing medical/health condition(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Are you travelling against the advice of a qualified medical practitioner?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Natural Environment			
Will you be exposed to climatic extremes (eg: excessive heat, cold, humidity, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>			
Is the location subject to extreme weather or natural events (eg: hurricanes, Tornadoes, earthquakes, flooding, avalanche, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you intend to undertake:		<input type="checkbox"/> Motor racing, <input type="checkbox"/> Motorcycle racing, <input type="checkbox"/> BMX, <input type="checkbox"/> Horse riding, <input type="checkbox"/> Rock climbing, <input type="checkbox"/> Hand gliding, <input type="checkbox"/> Surfing, <input type="checkbox"/> Parachuting, <input type="checkbox"/> Paragliding <input type="checkbox"/> Flying (except RPT – Regular Public Transport).	<input type="checkbox"/> Cycle racing, <input type="checkbox"/> Bungee jumping,
<i>Please provide details:</i>			

Wildlife	
Will you have contact with domestic, wild or feral animals (ie: physical injury, infectious diseases etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Will you have contact with biting/stinging reptiles or insects (other than mosquitoes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Eating and Drinking	
Will the destination have difficulty providing reliable/safe drinking water/ice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Will the destination have difficulty providing reliable/safe food (ie: cooked and uncooked?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Accommodation	
Will there be difficulty obtaining reliable and adequate commercial accommodation (eg: hotels)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will there be difficulty obtaining reliable and adequate domestic accommodation (developed domestic homes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will there be difficulty obtaining reliable and adequate rural – 'village-style' Accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accommodation is mainly provided by:	
<input type="checkbox"/> Rural domiciles <input type="checkbox"/> On board river/sea vessel <input type="checkbox"/> Motor vehicle/Campervan <input type="checkbox"/> Camping <input type="checkbox"/> Bivouacking/hiking	
Is local sanitation poor or inadequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Socio-Cultural Environment	
Are you familiar with the local environment (eg: laws, religion, culture, customs, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have any knowledge of local languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Technology and Infrastructure	
Is there difficulty obtaining adequate and reliable emergency services (eg: police, ambulance etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there difficulty obtaining adequate and reliable medical care (eg: hospitals, first aid, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the local power supply poor or unreliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are safety standards for equipment and operation significantly below those of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Work Environment	
Are you undertaking work in confined spaces or working at heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you working with or exposed to hazardous chemical/radiation sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you working with plant, industrial, agricultural or other potentially hazardous equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Transportation	
If you are undertaking significant travel using railway systems, is the system unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant travel using ferries/charter vessel services, are they seen as unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant domestic air travel, is it seen as unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant road travel, are local road, traffic and vehicle conditions considered unreliable or unsafe? NOTE: For over 75 yr old travellers - most hire car companies require a letter from your GP stating you are fit to drive.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Communications	
Will you be out of mobile phone network coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will contact via landline, phone, fax, email be difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will your travel plans be subject to sudden and/or frequent changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Security	
Is the destination at risk of infectious diseases for which no vaccination is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the destination(s) regarded as risky from a violent crime perspective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there active terrorism and/or civil unrest in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you taking Rotary related assets with a value of greater than AU\$1,000 ie: laptop)? If so describe below – what precautions will be taken against theft.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Are you visiting any specific sites that may be seen as attractive targets for violent civil protest or terrorist actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
In the event of a crisis requiring emergency evacuation, have you a detailed plan to leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please provide details:</i>	
Have you read the Travel Advisories / Warnings of the Department of Foreign Affairs and Trade (DFAT) and City Brief?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Name: _____ Signed: _____ Date: _____

District Use Only	
Outcome of assessment:	

Assessment conducted by:	Date processed: (dd/mm/yyyy): <input type="text"/> / <input type="text"/> / <input type="text"/>
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