



Faculty of Engineering, Mathematics and Science Confidential Health Questionnaire

Part A of this form (the Questionnaire) remains confidential between the individual student and their GP or the staff of the College Health Centre.

Part B (the Declaration), detailing any specific control measures or accommodations where necessary, will be provided to the Course Director and supervisory staff, as appropriate.

Part A - Questionnaire

Name: Student No:
BLOCK CAPITALS

Address:
Address at which you reside while attending College (e.g. Home, Rented, etc.)

Date of Birth: Male/Female:

Home Tel No: Mobile No:

Do you have any of the following medical conditions, or other ongoing issues, which might impact functionally your ability to safely undertake laboratory or field work?

MEDICAL CONDITION IMPACTING:	YES/NO
Attention/concentration/memory	
Balance/dexterity/mobility/speed	
Behaviour /perception	
Communication/hearing/speech/vision	
Energy Levels /stamina/strength	
Other (specify)	

If you have answered **YES** to any of the above, please give details, as well as details of any past and present treatment, below.

If you have not had a Tetanus/Diphtheria booster in the past 10 years and two courses of MMR, you should notify the College Health Centre or your GP.

*This form, together with **Part B**, should be completed and returned to your GP or the College Health Centre.*



Faculty of Engineering, Mathematics and Science
Health Declaration Form

Part B - Declaration

(To be completed by the student before submission to their GP or the College Health Centre)

Name: Student No:
BLOCK CAPITALS

Address:
Address at which you reside while attending College (e.g. Home, Rented, etc.)

Date of Birth: Male/Female:

Home Tel No: Mobile No:

Course for which you are registered:
(e.g. Earth Sciences, Engineering, Human Genetics, etc.)

(To be completed by the GP or the College Health Centre)

Having reviewed the **Confidential Health Questionnaire** (Part A), submitted by the student, I can confirm:

<i>The student, named above, should be able to undertake all laboratory and field duties</i>	YES	<small>(tick)</small>	NO	<small>(tick)</small>
<i>Any specific control measures or accommodations necessary are outlined below:</i>				

Signed: Date:
GP/College Health Centre