**School of Natural Sciences**

**Health Questionnaire for Lab and/or Field Work**

**Instructions:**

**If you answer ‘no’** to all questions in Part A of this form, please send it to your Safety Officer or field course leader. You will not need to complete Part B.

**If you answer ‘yes’ to any questions** in Part A, please give details in the box below and take this form along with Part B to the Student Health Service or your GP. The doctor will detail any specific control measures (e.g. medications) or accommodations (e.g. ramp access) you may require.

When the doctor has completed Part B please bring it to your Safety Officer or Course Director. Do not return Part A to your Safety Officer, this is now confidential.

**Fieldwork notes:** In the case of overnight field work courses please let your course leader know in advance if you have any dietary requirements. If you are working near soil or animals it is advisable that you have an up to date tetanus vaccination/booster.

**Your legal requirements:**

If you are aware that you are suffering from any disease or physical or mental impairment which, could cause you to expose yourself or another person to danger or risk of danger, you must have a registered medical practitioner complete Form B, who shall in turn notify your Safety Officer or Course Director. If you fail to notify the college, you may be excluded from completing your course.

**Part A - Questionnaire**

Name: Student No:

  *CAPITAL LETTERS*

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 answered yes to any questions above please take this form, together with* ***Part A****, to your GP or the College Health Centre.*

**School of Natural Sciences**

**Health Questionnaire for Lab and/or Field Work**

**Part B (i)**

(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, Botany etc.)*

**Part B (ii)**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *The student, named above, should be able to undertake all laboratory and field duties* | **YES** | *(tick)* | **NO** | *(tick)* |
| *Any specific control measures or accommodations necessary are outlined below:* |

Signed: Date:

 *GP/College Health Centre*

***Part B*** *of this form* ***ONLY*** *should be returned to the Discipline Safety Officer or Course Director*