

# Appendix 1. Health Questionnaire 2019

## Section A:

Please complete in block capitals

Title (tick one box only):		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	Other (please state): .....
Surname:		Forenames: .....					
Home address: .....							
				Postcode: .....			
Tel no (home): .....				Tel no (mobile): .....			
Date of birth (DD/MM/YYYY): <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Email address: .....							
Title of course: .....							
UCAS personal ID (if known): .....				Start date: .....			

## For office use only

Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: .....	Signed: .....
Notes: .....	GP Sent: .....	Rec'd: .....
.....	Spec Sent: .....	Rec'd: .....
.....	Final clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section B:

<b>1. Do you have any illness/impairment/disability* or allergies which may impact your studies or practice?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, please give details: .....
.....	
<b>2. Have you had mental ill health for which you have sought medical help for which may impact your studies or practice?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, please give details: .....
.....	
<b>3. Have you been immunised against the following infections</b>	
Measles, Mumps and Rubella (MMR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had two MMR vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had chickenpox?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Are you receiving or awaiting any medical treatment (including medication but not contraceptive medication) or have you received any within the last 12 months?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, please give details: .....
.....	
<b>5. Can you confirm if you have any impairment which relates to the following:</b>	
Hearing and Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning, language and numeracy skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interruption of consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concentration, awareness, memory and ability to learn and understand	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. If you have answered 'Yes' to Q1, Q2, Q4 do you think you may need any adjustments or assistance to help you complete your studies or do the job you are training for?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, please give details: .....
.....	

\*This is a legal definition as per the Equality Act 2010 that confers rights to individuals who may be defined as having a disability under the Act as well as placing a duty on the university to make 'reasonable adjustments' to ensure no-one is substantially disadvantaged compared to others.

## Section C: student declaration

I declare that to the best of my knowledge, the information given in this questionnaire is true and complete.

I understand that failure to disclose relevant information or providing false information may result in the withdrawal of the offer of a place at the University or in the termination of my place on the course.

Signed: ..... Date: .....

**IMPORTANT:** All applicants **MUST** sign this section. If you have answered 'Yes' to any of the statements in Section B, then it is possible that the Underwood Surgery may require a report from your GP or consultant. This report will help the Underwood Surgery to advise the university that you are fit to undertake the proposed course, or whether you will need any support during your studies. Should this be the case we will notify you in writing that we are requesting a report from your GP and/or specialist(s).

## Section D: consent to obtain a medical report

In order to assess your fitness to undertake the proposed course, it may be necessary to obtain additional information about your health. Before you sign below, you should be aware that you have specific rights under the Access to Medical Reports Act 1988:

1. To withhold your consent for an application to be made to your doctor.
2. You may request to see a report before it is sent to us. You must arrange with your doctor to see it within 21 days. You may ask to see a copy of the report for up to 6 months after it has been requested.
3. You may ask the doctor to amend any part of the report that you feel is misleading or inaccurate.
4. If the doctor declines to amend any part of the report, you may attach a written statement giving your views on its content, or you may withdraw your consent to the report being sent to the Occupational Health Office.
5. The doctor may withhold from you any section of the report if (s)he thinks you would be harmed by seeing it.

I \*agree / do not agree to a medical report on my health being requested I \*do / do not wish to see this report before it is provided

I understand and agree that a copy of this consent form will be sent to my doctor and that the copy shall have the same validity as the original

Signed: ..... Date: .....

Name of General Practitioner: .....

Address of General Practitioner: .....

Name of specialist(s): .....

Address of specialist(s): .....

## Private and Confidential

Please complete and then cut out the following label for your A5 envelope

### Occupational Health form enclosed

Name: .....

Student ID: .....