

APPENDIX 1:
CONFIDENTIAL MEDICAL QUESTIONNAIRE FOR USE BY STUDENTS
PARTICIPATING IN DEPARTMENTAL FIELD COURSES
Please complete in Capital Letters

Name of Field Course:.....
 Dates of Field Course: from..... to.....
 Full Name: (Block Capitals).....
 Date of Birth..... Course Year.....
 Current Home Address.....

Next of kin (to be contacted only in an emergency)

Name(s)
 Address.....
 Telephone No.....
 Your NHS No. (if known).....

Are you suffering from any of the following: Tick if YES

Allergies to any known drugs	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Other allergies (e.g. food or materials)	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>
Any injury/break	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>
Asthma or bronchitis	<input type="checkbox"/>	Unusual blood group	<input type="checkbox"/>
Back, knee or other joint problems	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>
Fits, fainting or blackouts	<input type="checkbox"/>	Other (please specify)	<input style="width: 150px;" type="text"/>

If the answer to any of these questions is YES, please give details here:

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Is your tetanus vaccination valid?

If NO you are strongly recommended to be vaccinated in time for your fieldtrip. If your health is not covered in this way the Department cannot take responsibility for any illness which may result.

Are you receiving medical or surgical treatment of any kind from either your Doctor or Hospital? If the answer is YES, please give details here.

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Have you been given specific medical advice to follow in emergencies? If the answer is YES, please give details here (including dosage of any medicines/tablets).

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Will you have the necessary medication with you on the field trip for any conditions identified above?

Signed:..... Date