**Health Declaration**

**for Off-campus Activity**

**Part A – Contact Details**

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| --- | --- | --- | --- | --- |
| Surname: |  | | Forename: | |
| Staff / Student Number: |  | | Faculty / PSU: | |
| Email: |  | | Contact Mobile No: | |
| Department: |  | | | |
| Module: |  | | | |
| Destination: |  | | | |
| Activity: |  | | | |
| Link to Itinerary / Risk Assessment: |  | | | |
| Start date: |  | | End date: | |
| Fieldwork Leader / Module Coordinator |  | | Email: | |
|  | | | | |
| **Emergency Contact Details:** | | | | |
| Name: | | Relationship: | | |
| Address: | | Mobile number: | | |
|  | | Landline (optional): | | |
| **Alternative emergency contact details (optional):** | | | | |
| Name: | | Relationship: | | |
| Address: | | Mobile Number: | | |
|  | | Landline (optional): | | |
| **Part B – Medical**  A **Yes\*** response when using the FSE online system will result in automatic referral to Occupational Health. Occupational Health may request that you seek further medical information from your medical practitioner / GP. | | | | |
| 1. **Allergies or Food Intolerances** | | | | |
| 1a) Do you have any allergies or food intolerances? (If No, go to question **4**) | | | | Yes / No |
| 1. **Severe allergies or allergies that are not managed / under investigation** | | | | |  |
| 2a) Do you have any severe allergies? | | | | **Yes\*** / No |
| Please give details: | | | | |
| 2b) Do you have any allergy that is not well-managed / under investigation? | | | | **Yes\*** / No |
| Please give details: | | | | |
| 2c) Could your allergy affect your ability to take part in this off-campus activity? | | | | Yes / No |
| 2e) Indicate which of the following actions are required to manage your condition during off-campus activities?  Dietary restrictions, give details:  Other allergen avoidance measures, give details:  Emergency medication (e.g. adrenaline auto-injector), give details:  Other medication, give details:  First aid response, give details:  Rapid access to emergency health care, give details:  Other:  **To ensure that all necessary arrangements are in place, you must discuss your declaration with your module coordinator.** | | | | |
| **3) Other allergies (not severe) / food intolerance** | | | | |
| 3a) Do you have any other allergies (not severe) or a food intolerance, that the module co-ordinator / fieldwork leader should be aware of? | | | | Yes / No |
| 3b) If yes, please give details: | | | | |
| 3c) What adjustments are required to manage your condition during off-campus activities? | | | | |
| 3d) Give details of any dietary requirements, necessary to manage your medical condition (if food is to be provided): | | | | |
| **To ensure that all necessary arrangements are in place, you must discuss your declaration with your module coordinator / fieldwork leader.** | | | | |

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| **4. Other Health Conditions** | |
| **4a)** Do you have any physical or mental health conditions which may affect your ability to participate in off-campus activity or may require treatment / management during the off-campus activities? This includes travel to and from the location of the activity. | Yes\* / No |
| If yes, please give details: | |
| What support or adjustments are required to enable you to participate in the off-campus activities? | |
| **4b)** Are you currently receiving or waiting for treatment, or awaiting further investigation, for a condition or symptoms that may affect your ability to participate in any of the off-campus activities? This includes travel to and from the location of the activity. | Yes\* / No |
| If yes, please give details: | |
| What support or adjustments that are required to enable you to participate in the off-campus activities?  **To ensure that all necessary arrangements are in place, you must discuss your declaration with your module coordinator / fieldwork leader.** | |

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| **5. Medication or Equipment** | |
| 5a) Do you have any prescription medication or equipment that requires special arrangements? For example, refrigeration or charging facilities. | Yes / No |
| If yes, please give details of your requirements: | |
| 5b) Do you carry any prescription medication for emergency use?  (Note - over the counter painkillers or travel sickness tablets do not need to be declared here) | Yes\* / No |
| If yes, please give details: | |
| 5c) Do you take any other prescription medication for a medical condition, that the module co-ordinator / fieldwork leader needs to be made aware of? | Yes / No |
| If yes, please give details: | |

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| **MEDICATION** – International travel |  |
| If you plan to take any medication abroad (including prescription and over-the-counter medication), please read: <https://www.nhs.uk/common-health-questions/medicines/can-i-take-my-medicine-abroad/>. | |
| You must ensure that you have sufficient medication for the duration of your fieldwork (with sufficient extra to cover disruption to travel). | |

**Part C - Disability and Neurodivergence**

A **Yes\*\*** response when using the FSE online system will result in an automatic referral to the Well Being and Disability Service.

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| **6. DISABILITY & NEURODIVERGENCE** | |
| **6a)** Do you have a physical disability, learning disability or neurodivergence, which may affect your ability to participate in off-campus activity or may require reasonable adjustments to be made? | Yes\*\* / No |
| If yes, please give details:  (Students can refer the module co-ordinator / fieldwork leader to their “Disability Proforma,” if one is available). | |
| What support or reasonable adjustments are required to enable you to participate in the off-campus activities?  (Students can refer the module co-ordinator / fieldwork leader to their “Disability Proforma,” if it contains information relevant to their off-campus activity).  **To ensure that all necessary arrangements are in place, you must discuss your declaration with your module coordinator / field leader.** | |

**Part D – Declaration**

I declare that my answers are complete, accurate and that no information requested has been withheld. I agree to discuss my health declaration with the module co-ordinator / fieldwork leader;they may share this declaration with Occupational Health or the Well-being and Disability Service for advice, if required.

I understand that participating in off-campus activity, travelling in the UK or abroad, against the advice of a qualified medical practitioner, including the University’s Occupational Health Practitioners, or knowingly giving a false declaration of health, could invalidate the medically related sections of the University’s Travel Insurance Policy.

If there is a change to my medical circumstances prior to departure, I agree to seek medical advice and inform the university (module co-ordinator / fieldwork leader – as applicable) as soon as possible.

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| Name: |  | Date: |  |