**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**
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| 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**
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| 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: |  |