**Health Declaration**

**for off campus activity**

**Part A – Contact details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | Forename: |  | |
| Staff / Student Number: |  | | PSU / Faculty: |  | |
| E-mail: | | | | | |
| Contact Mobile No: | | | | | |
| Department: |  | | | | |
| Module: |  | | | | |
| Activity / Destination: |  | | | | |
| Link to Itinerary / Risk Assessment: |  | | | | |
| Anticipated dates of off-campus activity: |  | | Module Coordinator: |  | |
|  | | | | | |
|  | | | | | |
| **Emergency Contact Details:** | | | | | |
| Name: | | Relationship: | | | |
| Address: | | Contact Numbers: | | | |
| **Alternative emergency contact details (optional):** | | | | | |
| Name: | | Relationship: | | | |
| Address: | | Contact Numbers: | | | |
| **Part B - Medical** | | | | | |
| **1. ALLERGIES** | | | | | |
| **1a)** Do you have a **severe allergy or allergy that is not well-managed,** **that may affect your ability to partake in off-campus activity or may require fieldwork / activity leaders knowledge, or may require management/ treatment during the off-campus activities**.  Include allergies that may affect your treatment in the event of an emergency? (e.g. if you have an allergy to medication/equipment that may be used in your treatment). | | | | | Yes / No  (a YES response when using the FSE online system will result in automatic referral to Occupational Health for review) |
| If **Yes**, please give details of these allergies: | | | | | |
| If **Yes**, please state the actions and or adjustments required to manage your condition during off-campus activities. Please include if any of the following may be required: emergency medication / dietary restrictions / first aid response / access to health care / other controls.  Please give details: | | | | | |
| **To ensure that all necessary arrangements are in place, you are required to discuss your declaration with your fieldwork / activity leader.**  **Your declaration may be referred to Occupational Health / the Student Disability team for additional advice as required. Please note that Occupational Health may request that you seek further medical information from your medical practitioner / GP.** | | | | | |
| **1b)** Do you have **any** other allergy or food intolerance, that the field work / activity leader should be aware of i.e. managed allergies, food allergies (where food will be provided as part of the activity or where food ingredients may not be available). | | | | | Yes / No  (discussion with fieldwork/activity leader) |
| **If Yes,** please give details: | | | | | |

|  |  |
| --- | --- |
| **2. OTHER HEALTH CONDITIONS** | |
| **2a)** Do you have any physical or mental health conditions **which may affect your ability to partake 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  (A YES response when using the FSE online system will result in automatic referral to Occupational Health for review) |
| If **Yes**, please give details: | |
| **2b)** Are you having, or are you waiting for, treatment or 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  (A YES response when using the FSE online system will result in automatic referral to Occupational Health for review) |
| If **Yes** please give details: | |
| If you have answered Yes to either of the questions above (2a, 2b), please state the support or adjustments that are required to enable participation in the off-campus activity:  Please give details: | |
| **To ensure that all necessary arrangements are in place, you are required to discuss your declaration with your fieldwork / activity leader.**  **Your declaration may be referred to Occupational Health / the Student Disability team for additional advice as required. Please note that Occupational Health may request that you seek further medical information from your medical practitioner / GP.** | |

|  |  |
| --- | --- |
| **3. MEDICATION** | |
| **3a)** If you take prescription medication, (including controlled drugs) do you require any special arrangements? i.e. storage facilities (e.g. fridge) | Yes / No  (Discussion with fieldwork / activity leader) |
| Please give details: | |
| **3b)** Do you carry any medication for emergency use? | Yes / No  (A YES response when using the FSE online system will result in automatic referral to Occupational Health for review) |
| If yes, please give details: |  |
| **3c)** Do you take prescription medication(including controlled drugs) that the fieldwork/activity leader should be made aware of? | Yes/No  (Discussion with fieldwork / activity leader) |
| If yes, please give details. |  |

|  |  |
| --- | --- |
| **MEDICATION** – international travel |  |
| If you plan to take medication abroad, please refer to:  <https://www.nhs.uk/common-health-questions/medicines/can-i-take-my-medicine-abroad/> | |
| Do you require any additional special arrangements to take your medication? | Yes/No  (Discussion with fieldwork / activity leader) |
| If yes, please give details: | |
| 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**

|  |  |
| --- | --- |
| **4. DISABILITY & NEURODIVERGENCE** | |
| **4a)** Do you have a physical disability, learning disability or neurodivergence that may require additional support or reasonable adjustments to be made whilst partaking in activity off campus? | Yes / No  **(Staff travelling** - referral to Occupational Health.  **Student travelling** Referral to Disability team |
| If yes, please give details: students can refer the fieldwork/ activity leader to their “Disability Proforma”, if one is available | |
| Please state the support or reasonable adjustments that are required to enable participation in off-campus activities: students can refer the fieldwork / activity leader to their “Disability Proforma”, if it contains information relevant to the off-campus activity. | |

**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 fieldwork / activity leader.

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.

I agree to seek medical advice and inform the university (fieldwork/ activity leader/ line manager – as applicable) as soon as possible of any change in my medical circumstances between the date signed below and the beginning of my off campus activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |