**CARDIFF METROPOLITAN UNIVERSITY**

**CONFIDENTIAL MEDICAL QUESTIONNAIRE FOR USE OF STUDENTS PARTICIPATING AND OFF-CAMPUS ACTIVITIES** (PLEASE COMPLETE IN BLOCK CAPITALS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | Date of Birth: | | | |
| Course and Level/Year: | | | | |
| Home Address:  Tel No: | | | | |
| Name and Address of Next of Kin (to be contacted only in an emergency):  Tel No: | | | | |
| Cardiff Address:  Tel No: | | | | |
| Name and Address of your Doctor:  NHS No: (if known) | | | | |
| **Are you suffering from any of the following?** | | | **Yes** | **No** |
| Asthma or bronchitis | | |  |  |
| Heart condition | | |  |  |
| Fits, fainting or blackouts | | |  |  |
| Severe headaches | | |  |  |
| Diabetes | | |  |  |
| Allergies to any known drugs, food, materials? | | |  |  |
| Any illness or disability that may affect your ability to undertake specific aspects of the fieldwork | | |  |  |
| Travel sickness | | |  |  |
| Back, knee or other joint problems | | |  |  |
| Any injury or breaks that may affect your ability to undertake specific aspects of the fieldwork | | |  |  |
| **If the answer to any of these questions is YES then please give details here:** | | | | |
| Have you received vaccination against Tetanus in the last five years? | | |  |  |
| Do you have appropriate medical insurance/ cover for overseas trips? | | |  |  |
| Are you receiving medical or surgical treatment of any kind from your Doctor or a Hospital?\* | | |  |  |
| Have you been given any specific medical advice to follow in emergencies?\* | | |  |  |
| **\*If the answer to either of the last two questions is YES then please give details here:** | | | | |
| Destination of Field Trip  Leader of Trip: | | Date of start and end of trip: | | |