**CARDIFF METROPOLITAN UNIVERSITY**

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

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| 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 TripLeader of Trip: | Date of start and end of trip: |