



Accommodation Medical Questionnaire - Confidential

To be completed and received by the accommodation team prior to arrival

This information you provide will be treated in the strictest of confidence. It will only be used to ensure we meet our legal obligations with regards to health and safety and to ensure appropriate support is in place if required. If information is not disclosed the college may not be able to provide the appropriate support. The document will be processed and held in accordance with the General Data Protection Regulations, stored securely and disposed of securely in line with the College's data retention policy.

You may request a copy of the record at any time (proof of identity will be required) by contacting the Data Protection Officer either in writing or the following email address: DP@chichester.ac.uk. You have the right to have errors and omissions corrected.

PERSONAL DETAILS:

STUDENTS FULL NAME		DATE OF BIRTH	
HOME ADDRESS: (Including postcode)		HOME NUMBER (Including codes)	
		MOBILE NUMBER (Including codes)	
		EMAIL ADDRESS	

PARENT, GUARDIAN OR NEXT OF KIN EMERGENCY CONTACT DETAILS:

FULL NAME OF PARENT, GUARDIAN OR NEXT OF KIN		RELATIONSHIP TO STUDENT	
CONTACT ADDRESS (Including postcode) If the same as above please tick here. <input type="checkbox"/>		EMERGENCY CONTACT NUMBER (Landline)	
		EMERGENCY CONTACT NUMBER (Mobile)	
		EMAIL ADDRESS	
Next of kin's Level of English	No English <input type="checkbox"/>	Medium level English <input type="checkbox"/>	High level English <input type="checkbox"/>

UK EMERGENCY CONTACT DETAILS:

FULL NAME OF UK CONTACT		RELATIONSHIP TO STUDENT	
CONTACT ADDRESS (Including postcode)		EMERGENCY CONTACT NUMBER (Landline)	
		EMERGENCY CONTACT NUMBER (Mobile)	
		EMAIL ADDRESS	

VACINATION HISTORY: Have you been vaccinated against the following?

TETANUS IN THE PAST 5 YEARS	YES / NO	HEPATITIS A	YES / NO	HEPATITIS B	YES / NO
DIPHTHERIA	YES / NO	MMR (Measles, Mumps and Rubella)	YES / NO	Meningococcal	YES / NO

MEDICATION:

ARE YOU TAKING ANY FORM OF MEDICATION? If you have selected 'YES' please complete the question below	YES / NO
WHAT IS THE NAME OF THE MEDICATION? ARE THERE ANY SPECIAL STORAGE REQUIREMENTS, SUCH AS REFRIGERATION? HOW OFTEN DO YOU TAKE IT?	

MEDICAL HISTORY: Please answer every question below

HAVE YOU HAD ANY SERIOUS ILLNESS OR INJURIES REQUIRING ADMISSION TO HOSPITAL? If 'Yes' please give details	YES / NO	
DO YOU HAVE ASTHMA, DIABETES, EPILEPSY OR ANY HEALTH PROBLEMS WHICH REQUIRE DAILY MEDICATION? If 'Yes' please give details	YES / NO	
DO YOU HAVE, OR HAVE YOU EVER HAD TREATMENT AND /OR MEDICATION FOR A PSYCHIATRIC OR PSYCHOLOGICAL PROBLEM INCLUDING, SELF HARM OR DEPRESSION? If 'Yes' please give details	YES / NO	
ARE YOU ALLERGIC TO ANYTHING? HAVE YOU BEEN PRESCRIBED EMERGENCY MEDICATION e.g Epi Pen If 'Yes' please give details	YES / NO	
DO YOU SEE ANY OTHER PROFESSIONALS/ AGENCIES e.g SPEECH THERAPY, OCCUPATIONAL THERAPY, PHYSIOTHERAPY, DIETICIAN, ORTHODONTIST etc? If 'Yes' please give details	YES / NO	
DO YOU HAVE ANY MOBILITY DIFFICULTIES	YES / NO	
IF YES AN ADDITIONAL FORM WILL BE SENT TO YOU		
IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW THAT IS RELEVANT TO YOUR HEALTH AND / OR WELLBEING e.g HISTORY OF FAMILY ILLNESS, RECENT BEREAVEMENT, PARENTAL SEPARATION, DIVORCE etc? If 'Yes' please give details	YES / NO	

I CONFIRM THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS COMPLETE AND CORRECT AND I WILL INFORM CHICHESTER COLLEGE OF ANY CHANGES DURING MY STAY: YES/NO

I CONSENT TO ANY EMERGENCY MEDICAL OR DENTAL TREATMENT BEING GIVEN: YES/NO

I GIVE CONSENT FOR THE STAFF OR HOST PROVIDER TO ADMINISTER PARACETEMOL IN THE EVENT OF A TEMPERATURE: YES/NO

SIGNED	
DATE	

(To be signed by a parent or guardian if student is under 18 years old)