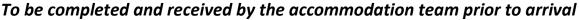


# Accommodation Medical Questionnaire - Confidential



Chichester College Group

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: <u>DP@chichester.ac.uk</u>. You have the right to have errors and omissions corrected.

#### PERSONAL DETAILS:

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

#### PARENT, GUARDIAN OR NEXT OF KIN EMERGENCY CONTACT DETAILS:

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

# UK EMERGENCY CONTACT DETAILS:

RELATIONSHIP	
TO STUDENT	
EMERGENCY	
CONTACT NUMBER	
(Landline)	
EMERGENCY	
CONTACT NUMBER	
(Mobile)	
EMAIL ADDRESS	
	TO STUDENT EMERGENCY CONTACT NUMBER (Landline) EMERGENCY CONTACT NUMBER (Mobile)

# 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	YES / NO	Meningococcal	YES / NO
		and Rubella)			

### **MEDICATION:**

ARE YOU TAKING ANY FORM OF MEDICATION?	YES / NO
If you have selected 'YES' please complete the question below	TEST 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	YES / NO	
REQUIRING ADMISSION TO HOSPITAL?		
If 'Yes' please give details		
DO YOU HAVE ASTHMA, DIABETES, EPILEPSY OR ANY	YES / NO	
HEALTH PROBLEMS WHICH REQUIRE DAILY		
MEDICATION? If 'Yes' please give details		
DO YOU HAVE, OR HAVE YOU EVER HAD TREATMENT	YES / NO	
AND /OR MEDICATION FOR A PSYCHIATRIC OR		
PSYCHOLOGICAL PROBLEM INCLUDING, SELF HARM OR		
DEPRESSION? If 'Yes' please give details		
ARE YOU ALLERGIC TO ANYTHING? HAVE YOU BEEN	YES / NO	
PRESCRIBED EMERGENCY MEDICATION e.g Epi Pen		
If 'Yes' please give details		
DO YOU SEE ANY OTHER PROFESSIONALS/ AGENCIES e.g	YES / NO	
SPEECH THERAPY, OCCUPATIONAL THERAPY,		
PHYSIOTHERAPY, DIETICIAN, ORTHODONTIST etc?		
If 'Yes' please give details		
DO YOU HAVE ANY MOBILITY DIFFICULITES	YES / NO	
IF YES AN ADDITIONAL FORM WILL BE SENT TO YOU		
IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW	YES / NO	
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		

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 YES/NO IN THE EVENT OF A TEMPERATURE:

SIGNED	
DATE	

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