

Student Medical Statement

Information provided in this document is only available to administration staff, pastoral care staff, tutors and medical insurance provider.

All information contained in this document will be used in accordance with the Privacy Act 2020. The information contained in this form **is not used** for eligibility purposes for the course the student wishes to be enrolled in.

Student Details:

Surname: _____

First Names: _____

Emergency Contact Name: _____

(Must be a blood relative)

Emergency Contact Number: _____

(either overseas or in New Zealand)

Height: _____

Medical Details:

1. Do you have a current physical health condition for which you require medical/health practitioner attention?

NO

Yes (Give details)

2. Do you have a current mental health condition for which you require medical/health practitioner attention?

NO

Yes (Give details)

3. In the last five years have you experienced physical or mental health issues for which you have required medical attention or medication?

NO

Yes (Give details)

4. Do you have a history/current issues of addiction or dependence to alcohol or other substances?

NO

Yes (Give details)

5. Do you have a skin condition (eg. Eczema, dermatitis, psoriasis, boils, latex sensitivity/allergy) that currently or often affects your body, hands, arms or face?

NO

Yes (Give details)
