

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.

Stud	dent Details:					
	Surname:					
	First Names:					
	Emergency Contact N	lame:				
	(Must be a blood relative)					
	Emergency Contact N (either overseas or in New	lumber:				
		<u> </u>				
	neight.					
Med	dical Details:					
1.	Do you have a current pl	nysical health condition for which you require medical/health practitioner attention?				
	NO	Yes (Give details)				
2. 1		ntal health condition for which you require medical/health practitioner attention?				
	NO	Yes (Give details)				
3.	n 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.	I. 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)				

6. Li	ist any regular medications that you are currently	y prescribed (excluding oral cor	ntraceptives	5).					
	Please detail any other health concerns (your own or those of family members) that may affect your ability to study on the programme (eg. Skin conditions, family member with terminal illness, pregnancy).								
— 8. Ha	ve you had COVID 19?	No		Yes					
For n	e you vaccinated for COVID-19? nedical insurance purposes, please list any pre-o ent having to pay medical costs if they get ill fro		at you have	Yes . <i>Failure</i> :	to do so maj	y result iı			
Stude	ent Signature:		Date:	/	/				