

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 1993. 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)

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)

6. List any regular medications that you are currently prescribed (excluding oral contraceptives).

7. 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).

For medical insurance purposes, please list any pre-existing medical conditions that you have. Failure to do so may result in student having to pay medical costs if they get ill from undisclosed conditions.

Student Signature: _____

Date: / /