School of Environmental and Natural Sciences

Confidential medical questionnaire for use of students and staff participating in off-site activities: DXX-3018 / OSX-4022

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| Full name (CAPITALS): Pronouns: |
| **Date of birth:**  | **Degree Programme:** |
| **Your NHS number (if known)**:  |

**Please provide the name and phone number(s) of your two nearest relatives/next of kin/emergency contact** (to be used in an emergency only).

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| **Name:**  | **Telephone: (Home/Mobile/Work)** |
|   |  |
| **Name:**  | **Telephone: (Home/Mobile/Work)** |
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| **Please provide your local (term-time) address:** |
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| **Telephone:**  | **Email:** |

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| **Please provide your permanent (home) address:** |
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| **Telephone:**  |

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| **Please provide the name and address of doctor/surgery during term-time:** |
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| **Telephone:**  |

**Are you suffering from any of the following?**

**Please tick the appropriate boxes.**

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| --- | --- |
|  | **YES NO** |
| Asthma/Bronchitis  |  🗆 🗆 |
| Heart condition |  🗆 🗆 |
| Fits, fainting or blackouts |  🗆 🗆 |
| Epilepsy |  🗆 🗆 |
| Severe headaches / Migraines |  🗆 🗆 |
| Diabetes |  🗆 🗆 |
| Allergy to Penicillin |  🗆 🗆 |
| Allergy to any other medication |  🗆 🗆 |
| Food allergy |  🗆 🗆 |
| Food intolerance |  🗆 🗆 |
| Allergy to plasters/adhesives |  🗆 🗆 |
| Other illness or disability |  🗆 🗆 |

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| **If you have answered YES to any of the questions above, please give detail, including dosage of any medicines / tablets:** |
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|  |  |
| --- | --- |
|  | **YES NO** |
| Have you had a tetanus vaccination in the last 5 years? |  🗆 🗆 |
| Do you have a hidden disability, i.e. Autism, Brain injury, Crohn's Disease, Chronic pain, Cystic Fibrosis, Depression, ADHD, Bipolar Disorder, Schizophrenia, and other mental health conditions? |  🗆 🗆 |

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| **Please give details:** |
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**If you have a pre-existing medical condition (e.g. asthma) for which you carry emergency medication this MUST be taken with you on the field trip.**

**Declaration:**

1. As far as I am aware, the condition of my health could not endanger my own health and safety or the health and safety of others during my attendance on the field course DXX-3018 / OSX-4022.
2. I understand that I will have to update my record for every period of field work (see confidentiality and GDPR declaration).
3. When on the field work, I will inform the field work organisers (Dr Yorke, Dr Austin or Dr Baas) as soon as possible if I feel ill or have injured myself in any way.
4. I will draw the attention of the module organiser (Dr Lynda Yorke) to any specific incidents or situations, as soon as is practically possible.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality and GDPR**

Bangor University is the data controller and is responsible for looking after students’ information. Data management is primarily the responsibility of Dr Lynda Yorke (module organiser). Only Dr Lynda Yorke and the Field Safety Office (Mrs Helen Simpson) has access to this data. The data will be stored on a secure Bangor University server using the Blackboard (Bb) platform. Data Protection information is provided by Bangor University’s Governance and Compliance Office. The data will be destroyed (removed from the platform) after the field course has taken place (i.e. 9th May, 2025).