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| --- | --- |
| **Name:** |  |
| **Staff/ Student Number:** |  |
| **Course:** |  |
| **PSU/ Faculty:** |  |
| **E Mail:** |  |
| **Telephone Number:** |  |

**Off-site Activities Health Declaration Form**

Off-site activity, including fieldwork, travel and extended periods offsite, often abroad, can pose a risk to health and safety if you have a medical condition that affects your ability to carry out the planned activities and/or requires regular medication and/or is prone to relapse due to the nature of the condition, or the change in environment and activities.

Please note if the below responses indicate further assessment and/or support may be required to ensure your health and safety during the off-site activity, the Activity Organiser will contact you.

This form will be sent to the university Occupational Health department, along with the activity risk assessment for review where reasonable adjustments may be required.

**The questions below must be completed considering any health conditions, the itinerary, and the risk assessment produced for the intended activities and/or placements.**

**If you have a medical condition that requires regular medication or treatment, please contact your GP and/or Specialist to ensure continuity of care during the activities and/or placement.**

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| Please indicate **YES** or **NO** to the following statements: | | | | **YES** | **NO** |
| 1 | Do you have any medical condition (physical or psychological) which you think/ feel may affect your ability to participate in any off-site activities? This includes travel to and from the location and the activities. | | | □ | □ |
| 2 | Are you having, or are you waiting for, treatment or investigations for a condition or symptoms that you think/feel may affect your ability to participate in any of the off-site activities? This includes travel to and from the location and the identified activities. | | | □ | □ |
| 3 | Do you have a medical condition (physical or psychological) that may require additional support and/or adjustments to enable you to participate in the off-site activities? (This includes travel to and from the location and the identified activities). | | | □ | □ |
| If **YES** to any of the above, please state the support or adjustments that are required to enable participation in the off-site activities: | | | | | |
| 4 | Do you have **any** allergies, or food intolerances, or food allergies that may require treatment/management during the off-site activities? | | | □ | □ |
| **If YES**, please state the actions and/or adjustments required to manage your condition during the off-site activities. Please include if first aid response and/or access to health care may be required: | | | | | |
| **Declaration – I declare the information above to be, to the best of my knowledge, true and accurate and confirm that I am not travelling or taking part in the activity against medical advice. I have made sufficient arrangements for my medical care whilst off site or abroad e.g. sufficient regular medication.**  **I confirm that if there are any concerns regarding my health condition and suitability to attend off site activities, I have sought advice from my GP.**  **I am aware that it is my responsibility to make the activity organiser and, as applicable my programme provider/ host organisation aware of any required adjustments.** | | | | | |
| **Name:** | | **Signature:** | **Date:** | | |