

Student Medical Statement

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

Where appropriate, and with your consent, information that may relate to the safety and well being of the student while on campus or field trips, will be disclosed to fellow tutors.

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)

Height: _____

Medical Details:

Have you ever suffered from any of the following complaints? (please circle those you may have suffered from)

- | | |
|------------------------------|-------------------------------|
| 1) Arthritis | 11) Pneumonia |
| 2) Asthma | 12) Acute Abdominal problems |
| 3) Diabetes | 13) Back/Neck/Spinal Injuries |
| 4) Epilepsy | 14) Bleeding Disorders |
| 5) Eczema | 15) Ear Problems |
| 6) Hay fever | 16) Headaches/migraines |
| 7) Hypothermia | 17) Heart Problems |
| 8) Hyperthermia | 18) High Blood Pressure |
| 9) Hyperventilation | 19) Low Blood Pressure |
| 10) Head Injuries/concussion | 20) Mental Disability |

Other Medical Conditions not listed above: (please circle those you may have suffered from)

Do you have one of the following medical conditions? *(please circle those you may have suffered from)*

- | | | |
|---------------------|----------------------|------------------|
| 1) Tinea | 2) Meningitis | 3) Herpes |
| 4) Hepatitis | 5) HIV | |

Other conditions not listed above: *Other conditions not listed above: (please list other conditions that are not listed that you may have suffered from)*

Do you have allergic reaction/s to any of the following? *(please circle those you may have suffered from)*

- | | | |
|-----------------------|-------------------------------|------------------------|
| 1) Antibiotics | 2) Insect Bites/Stings | 3) Elastoplasts |
| 4) Medication | 5) Foods | 6) Injections |
| 7) Penicillin | | |

If you have circled any of the above, please give details *(Symptoms and action required)*:

Medication:

Are you currently on medication *(please circle)*

YES

NO

If yes, please give details below

<u>Medicine</u>	<u>Dosage/Frequency</u>	<u>Reason</u>
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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.

To assist with the above it is important that you provide accurate and clear medical details for you protection, and to provide safety or other participants.

Prevention:

Is your tetanus Vaccination current? YES NO

Phobias/Fears:

Do you suffer from any phobias eg: snakes/spiders/dogs? YES NO

If yes, please give us details

Risk Disclosure:

There will always be risks and hazards associated with any activity, especially in an outdoor environment. It is important to understand that safety is the shared responsibility of the organization, and the participants on the programme.

Student Signature: _____ Date: / /