

Health Questionnaire

The following information is required in order to provide a safe and healthy placement for your child. **Failure to disclose accurate information could put your child at risk and will result in the placement being withdrawn.**

To be completed by the Parent or Carer of:

Student's Name: ..... Form .....

Does he/she	YES OR NO	IF YES GIVE DETAILS
1. Have any restrictions of normal physical activity?		
2. Need support during the period of the work placement?		
3. Have skin allergies or eczema or any other allergies eg. to nuts?		
4. Have bronchitis, asthma or chest complaints?		
5. Have a hearing disability or discharging ears?		
6. Have heart disease or any other related condition which would affect their capacity to carry out physical tasks?		
7. Have diabetes?		
8. Experience fits or fainting attacks?		
9. Have significant colour vision defect or other visual disability?		
10. Have a learning disability which might affect their ability to understand or act on instructions?		
11. Have any other health problems including the need for regular medication?		
<i>* Attach a separate sheet of paper if necessary.</i>		

Signed .....Parent/Carer Date .....