

## Health Questionnaire

The following information is required by the employer 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 **Failure to disclose accurate information could put your child at risk and will result in the placement being withdrawn.**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<br>OR<br>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?                                       |                 |                     |
| * Attach a separate sheet of paper if necessary.  |                 |                     |

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