

**STUDENT MEDICAL FORM**

The information given in this form is to help ensure that TALPER SEND Provision Ltd is fully able to adjust to any requirements a student may have to make their time with us enjoyable and productive. In no way would this information adversely affect the application and enrolment process.

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| --- | --- |
| Name in full: (MR/MRS/MISS/MS | Date of Birth: |

|  |  |
| --- | --- |
| Address:  Postcode: | Telephone Number: |

**Please give details of two people to contact in an emergency:**

|  |  |
| --- | --- |
| Name:  Relationship:  Home Telephone:  Mobile: | Name:  Relationship:  Home Telephone:  Mobile: |

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| --- |
| Name of doctor with whom you are registered:  Telephone Number: |

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| **Student Travel Details:**  Independent: (provide own mobile number) ……………………………………………………………………………….  Travel Buddy: (provide name and contact no) …………………………………………………………………………….. |

**Do you have a Learning Disability and/or Difficulty** YES NO

**Do you have any of the following medical conditions?**

Epilepsy Colour Blindness Diabetes

Asthma Skin Disease Mobiity Problems

Skin Disorders Allergies Mental Health

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| **Give details of medical conditions:** |

**Do you need to take any medication during placement/study hours?**

**Do you need to carry or require medication administered to you in an emergency? If yes, please give details below.**

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In the interest of your health and safety while you are attending placement and study day it may be necessary to share this information.

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| Name:  Signature: Date: |

**Please return this form to Andrea Cupper or Lisa Talbot on completion. Thank you.**