

MEDICAL FORM

CONFIDENTIAL

Please complete:

Full Name: _____

Address: _____

Date of birth: ____ / ____ / ____ Nationality: _____

Occupation: _____

Marital Status: Single / Married / Widowed / Divorced / Separated (*please circle as appropriate*)

No. of children: _____

If the answer to any of these questions is 'Yes', please give details (use a continuation sheet if necessary):

1. Do you suffer from any of the following: (Please *circle*)

Migraine

Asthma

Skin conditions

Back pain

Irritable bowel

Sleeplessness

2. Do you suffer from any recurring or chronic illnesses?

3. Please give details of any medication you are currently taking:

4. Do you suffer from any allergies? Please indicate what they are:

5. Please indicate any surgical operations you have had, with the year date:

6. Have you suffered a major bereavement in the last twelve months? (eg: spouse/close family member)

7. Have you ever had periods of depression or anxiety, which have necessitated time off work?

8. Have you ever needed medication or hospital admission for depression or anxiety?

9. Have you ever had a course of counselling or therapy? If so, how long a period did it cover, approximately?

10. Have you ever been addicted to alcohol or drugs?

11. Do you have dyslexia? (Difficulty in reading and writing)

12. Do you have difficulty with hearing?

13. Please give details of any dietary problems or requirements.

14. Have you ever had an eating disorder, e.g. anorexia or bulimia, or a problem with over eating?

15. **IMMUNISATIONS:** All undergraduate students (except short course students) should have had Diphtheria, Tetanus and Polio vaccinations in the last 10 years.

Please indicate the year in which you last had a Tetanus vaccination: _____

Please indicate the year in which you last had a Polio vaccination: _____

16. **IMMUNISATIONS:** Children and students under the age of 25 are advised to have two MMR vaccinations (Measles, Mumps and Rubella) and one Meningitis C vaccination at some point in their lives. Please check with your surgery as to whether you and your children have had these in childhood, and if not, it is advisable to have these with your own doctor before joining the Redcliffe community.

Do you consider that you are in good physical and psychological health to undertake the training, which may include demanding placements in Britain and in developing countries?

Yes/ No

Signature of applicant: _____

Please send this form in an envelope marked "**Confidential**" to College Medical Advisor, Redcliffe College, Wotton House, Horton Road, Gloucester GL1 3PT UK

To be completed by the College Medical Advisor:

I do /do not recommend _____ for training at Redcliffe College.

Comments:

Signed: _____ Date: ____ / ____ / ____