

STUDENT HEALTH & WELL-BEING DECLARATION

1. State your name in full (BLOCK LETTERS) Surname: _____ Course: _____
 Forename(s): _____ Ref No: _____
 Address: _____

2. If you have any disabilities, e.g. sight, hearing, specific learning disabilities or any injury which would affect classroom or outdoor activities; have/have had any blood or skin disease, diabetes, epilepsy, mental or nervous illness; any other serious ailment or known allergies; have undergone any major operations or are currently receiving medical treatment, please give particulars in the space below.

*If you wish to discuss anything or feel that you require support please complete the separate **CAFRE – STUDENT SUPPORT REFERRAL FORM**

3. (a) Give dates of immunization against Tetanus. _____
 (b) If immunisation programme is not yet complete, do you plan to do so? _____
 4. Give details of vaccinations against Meningitis. _____
 5. Give the name and address of your doctor. _____
 _____ Telephone No. _____

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.
 While I am a student at the College I will immediately report to the management and the medical service of my employer (where applicable) any change in my medical condition.
 I am aware that if my Tetanus immunisation is not up to date I am placing myself at risk.

Signature of Candidate: _____

Date: _____

PLEASE COMPLETE BELOW IF UNDER 18 YEARS

ONLY TO BE COMPLETED IF UNDER 18

DECLARATION BY PARENT / GUARDIAN

I declare that to the best of my knowledge that _____ is in general good health and is fit to undertake the course indicated

Signature of Parent / Guardian: _____

Date: _____