

**STUDENT HEALTH & WELL-BEING DECLARATION**

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

2. a. 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**

2. b. 1. Have you now, or have you over the last seven days, suffered from diarrhoea and/or vomiting? **YES/NO**  
 2. At present, are you suffering from:  
 (i) skin trouble affecting hands, arms or face? **YES/NO**  
 (ii) boils, styes or septic fingers? **YES/NO**  
 (iii) discharge from eye, ear or gums/mouth? **YES/NO**

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:** \_\_\_\_\_

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**PLEASE COMPLETE BELOW IF UNDER 18 YEARS**

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**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:** \_\_\_\_\_