

A declaration of an applicant's past and present health status is a requirement for entry into your programme of study. While health problems are not a barrier to entering a programme, it is important that the Academic Portfolio Manager is aware of them and can discuss them fully with you.

The information given will be held in the strictest confidence.

Section A - to be completed by applicant

Personal Details

Legal First Name(s):

Legal Surname:

Date of Birth: DAY MONTH YEAR

Student ID (if known):

Current Address:

STREET ADDRESS

SUBURB TOWN OR CITY POSTCODE

Phone Number:

May we approach your Doctor if necessary to do so? Yes No

If Yes, please give your Doctor's name and address

Programme applied for:

Have you ever suffered from any of the following?

Yes No

- Back problems
 Joint problems
 Foot or leg problems
 High blood pressure
 Rheumatic Fever
 Heart complaint
 Allergies of any kind
 Varicose veins
 Sight defects
 Head injury

Yes No

- Severe or recurrent headaches
 Epilepsy, fainting attacks, fits or blackouts
 Diabetes or kidney complaints
 Asthma, bronchitis, pleurisy or lung disease
 A substance related disorder, dependence or abuse
 Mental illness requiring psychiatric care
 Are you on medication?
 Other, please specify

Signature:

Date: DAY MONTH YEAR

Section B - to be completed by Doctor

Medical Information

Full name of applicant:

Are you this person's regular Doctor? Yes No

Please list any current or chronic condition(s) which require(s) regular or periodical medical attention and describe any condition/disability of any nature which may affect successful completion of the programme. (Any previous problems which may recur should also be noted here.)

Please state medications of any kind which the applicant is currently taking or has taken in the previous three months (excluding oral contraceptive.)

Doctor Name:

Address:

STREET ADDRESS		
SUBURB	TOWN OR CITY	POSTCODE

**Doctor
Signature:**

Date: DAY MONTH YEAR

Doctor/Practice Stamp: