UCOL
Te Pae Mātauranga ki te Ao
Universal College of Learning

Health Declaration Form
Domestic Student

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

THE INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

It is recommended that you print an additional copy of this Health Declaration Form for your own records.

1 PERSONAL INFORMATION

Legal First Name(s):

Legal Surname:

Any previous Surnames (e.g.maiden name):

Please supply us with current contact information

Address:

STREET ADDRESS

SUBURB

TOWN/CITY | POSTCODE

Home Phone:

Work Phone:

Mobile:

Programme Applied For:

Please make an appointment with your doctor, who should complete the **Medical Report Form** on the next page.

2 MEDICAL INFORMATION

May we approach your doctor if necessary to do so?

☐ Yes ☐ No If 'Yes', please provide your doctor's information

Doctor's Name(s):

Doctor's Address:

STREET ADDRESS

SUBURB

TOWN/CITY | POSTCODE

Have you ever suffered from any of the following?

☐ Yes	☐ No	Back problems
☐ Yes	☐ No	Joint problems
☐ Yes	☐ No	Foot or leg problems
☐ Yes	☐ No	High blood pressure
☐ Yes	☐ No	Rheumatic fever
☐ Yes	☐ No	Heart complaint
☐ Yes	☐ No	Allergies of any kind
☐ Yes	☐ No	Varicose veins
☐ Yes	☐ No	Slight defects
☐ Yes	☐ No	Head injury
☐ Yes	☐ No	Severe or recurrent headaches
☐ Yes	☐ No	Epilepsy, fainting attacks, fits, or blackouts
☐ Yes	☐ No	Diabetes or kidney complaints
☐ Yes	☐ No	Asthma, bronchitis, pleurisy, or lung disease
☐ Yes	☐ No	A substance related disorder, dependence, or abuse
☐ Yes	☐ No	Mental illness requiring psychiatric care
☐ Yes	☐ No	Are you on medication?

Other, please specify:

Any other information please provide brief details below:

3 ACKNOWLEDGEMENT AND DECLARATION

I declare that all the information submitted in this application form is true and complete in all respects.

Signature:

Date: DAY | MONTH | YEAR

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Medical Report Form
Applicants Doctor

FOR APPLICANT'S DOCTOR USE ONLY

Applicant's Name:

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.)

What is the applicant's immune status? (If unsure, serology must be checked.)

Vaccination / Immunisation	Yes	If yes, please advise date	No	If no, please advise date of serology results	Result of serology Immune / not immune
Tuberculosis (TB) (BCG)	☐		☐	Not applicable	Not applicable
Hepatitis A	☐		☐		
Hepatitis A	☐		☐		
Hepatitis C (Not applicable for nursing students)	☐		☐		
Measles	☐		☐		
Mumps	☐		☐		
Rubella	☐		☐		
Chicken Pox	☐		☐		
Tetanus	☐		☐	Not applicable	Not applicable

Doctor's Name

Health Centre / Practice Address:

STREET ADDRESS

SUBURB

TOWN/CITY POSTCODE

Signature:

Date: DAY MONTH YEAR

This completed Health Declaration MUST be returned by the doctor to:

Student Registry
UCOL
Private Bag 11022
Palmerston North

Version August 2021

3 VETERINARY NURSING AND ANIMAL CARE

This section is for application of below programmes only

- NZ Certificate in Animal Care - Level 3
- NZ Certificate in Animal Technology - Level 5
- NZ Diploma in Veterinary Nursing - Level 6

Background Information:

Acceptance into these programmes are conditional on:

- The student having satisfactory health and tetanus vaccination status.

Students must be able to carry out physical activities within the animal room and work placement to fulfil the requirements of the programme. Students must also have no objection to working with animals, dissection of animal body parts, body fluids and cadavers. UCOL reserves the right to decline entry to the programme should an applicant's physical ability or sensitivity to dead animals or animal body parts prevent them carrying out practical activities to fulfil the requirements of the programme.

Health Status:

Please complete the checklist below. If a pre-existing condition undisclosed here reoccurs and affects your progress, this could prevent your continuing the programme.

Do you live with the ongoing effects of any of the following conditions?:

☐ Yes	☐ No	Rheumatic fever
☐ Yes	☐ No	Heart complaint or high blood pressure
☐ Yes	☐ No	Allergies of any kind
☐ Yes	☐ No	Varicose veins
☐ Yes	☐ No	Sight or hearing impairment
☐ Yes	☐ No	Diabetes or kidney function illness
☐ Yes	☐ No	A substance related disorder, or dependence
☐ Yes	☐ No	Mental illness requiring psychiatric care
☐ Yes	☐ No	Back problems
☐ Yes	☐ No	Joint problems
☐ Yes	☐ No	Foot or leg problems
☐ Yes	☐ No	Hand or arm problems
☐ Yes	☐ No	Head injury
☐ Yes	☐ No	Severe or recurrent headaches
☐ Yes	☐ No	Asthma, bronchitis, pleurisy, or lung disease
☐ Yes	☐ No	Epilepsy, fainting, seizures, or any loss of consciousness

Other, please specify:

If you responded "Yes" to any conditions please provide a brief outline for each:

State the date of your last tetanus vaccination/booster injection and state where a record of this is held:

Will you be able to work with all animals, dissection of animal body parts, body fluids and cadavers (dead animal bodies)?

☐ Yes ☐ No

Acknowledgement and Declaration

I understand that the Programme Leader may ask me to provide further information about my health status or inability to work with some animals, the dissection of animal body parts, body fluids and cadavers.

I understand that declaring a health related issue does not necessarily exclude me from enrolment in the programme. It enables UCOL and me to consider whether these issues are manageable.

Signature:

Date: DAY MONTH YEAR

4 NURSE EDUCATION PROGRAMMES

This section is for application of below programmes only

- Diploma in Enrolled Nursing - Level 5
- Batchelor of Nursing - Level 7
- Short Course Competency Assessment for Registered Nurses (CAP) - Level 7

Background Information:

UCOL's nursing programmes must comply with legislated requirements, specifically the Health Practitioners Competence Assurance Act (2003), and the Nursing Council of New Zealand (NCNZ) standards which UCOL must meet before we present a graduate for registration as a nurse.

You must be physically and psychologically able to engage in diverse clinical nursing practice, including acute hospital, aged care, and community health settings during this programme. The person in charge of the nursing programme must notify the Registrar of the Nursing Council of New Zealand if they are satisfied a student would be unable to perform the functions required of a nurse because of mental or physical condition. The NCNZ say this includes a condition or impairment caused by alcohol or drug abuse.

The Head of Nursing also has the authority to set entry criteria for student selection into the nursing programmes.

UCOL has access agreements with various health providers so nursing students can gain practical experience. These providers have policies and requirements for the protection of their staff and patients, and UCOL must comply with these.

So a **declaration of the applicant's past and present health** is required for entry into the three programmes listed above. This information enables UCOL to ensure that health and safety requirements for clinical practice areas are met.

Health Status: (Please complete the declaration below)

Have you had any physical or mental health problem in the past 5 years which could affect your ability to meet the requirements of a demanding programme with practical clinical placements of 40 hours a week for between 5 and 9 weeks at a time?

☐ Yes, I do have health issues
☐ No, I do not have health issues

Please record brief details in the space below. If necessary, attach and email further details:

Have you been absent from school or work, or unable to work for a period of 3 weeks or more for a health-related condition in the past 5 years?

☐ Yes ☐ No

If yes, please explain.

Acknowledgement and Declaration

I understand that the Academic Leader and Nurse Education Team, may ask me to provide further information about my health status.

I understand that declaring a health related issue does not necessarily exclude me from participating in the programme, but will provide UCOL with an opportunity to discuss with me how to support me in the programme.

Signature:

Date: DAY MONTH YEAR