**Work Experience - Confidential Health Questionnaire**

When applying for a work experience placement it will be necessary to complete the confidential medical questionnaire as part of the application process. This is not used to select students for placements, however enables the area to fully complete a risk assessment to make sure we keep students as safe as possible when on placement. In addition to this risk assessment once a placement is confirmed the student should make the Placement Manager aware of any additional learner support needs they have. These will be reviewed and met wherever possible to enable the student to have full participation in activities whilst on the placement.

To ensure the safety of the student it is acknowledged that there may be occasions when health screening is appropriate where there is a declared medical condition or the applicant has declared a disability. Occupational Health advice is required to confirm suitability for the area of work experience proposed.

|  |
| --- |
| **PART 1****Would you classify yourself as having a disability?**  |
| * Yes
 | * No
 | * Do not wish to disclose
 |
| **If yes, how would you describe your disability? (please circle)**  |
| * Mental Health
 | * Physical
 | * Learning
 | * Sensory Impairment
 |
| **PART 2** |  |  |  |

|  |  |
| --- | --- |
| **Do you have/consider yourself to have:** | **Yes, No or Prefer Not to Say****(if yes, please provide further details)** |
| Additional learning need that may affect your ability to understand or act on an instruction? |  |
| Any restrictions of normal physical activity? |  |
| Any skin allergies, eczema or other skin conditions? |  |
| Bronchitis or asthma? |  |
| Hearing challenges? |  |
| Heart disease affecting capacity for physical tasks? |  |
| Diabetes? |  |
| Experience seizures or fainting attacks? |  |
| Significant colour vision defect or other visual disability? |  |
| Take any medication that will cause drowsiness during your work experience placement? |  |

**PART 3**

Due to the nation currently being in a pandemic please also complete the COVID-19 health risk assessment information below. This will help the placement manager assess the risks to you and ensure any national health or safety regulations are supported.

|  |  |
| --- | --- |
| Are you over 60? |  |
| Are you male? |  |
| Are you BAME? |  |
| Are you, or is there a chance you could be, pregnant? |  |
| Do you fall under any of the defined underlying health conditions;HypertensionCardiovascular Disease (CVD)DiabetesChronic Kidney Disease (CKD)Chronic Obstructive Pulmonary Disorder (COPD)Obesity (BMI 35+)<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/> | *If yes please state which* |
| Masks, social distancing and PPE are required in accordance with the organisations policies. Are there any known reasons why you would struggle with social distancing e.g. eye sight or mask wearing that we need to be aware of? | *If yes please state which* |
| Do you have any reason to believe that you are at an increased risk during COVID-19 on anything that isn’t listed above? |  |
| Have you had COVID vaccinations? Select the one that applies | * *1 Yes both vaccinations less than 2 weeks ago*

*2 Yes both vaccinations more than 2 weeks ago**3 Only 1 vaccination so far**4 No I haven’t had any vaccinations* |

I confirm that the information given on this application is true and complete to the best of my knowledge and belief. I understand that any false information could put me, staff and patients at risk and result in my application being refused or my placement being cancelled. I understand that if anything changes between completing this form and the end of my placement I will make the Placement Manager aware of the change.

Signed: Date:

Print name:

Parent/guardian’s signature (if under 18):

Print name: