

UNIVERSITY OF EXETER
 POSTGRADUATE CERTIFICATE IN EDUCATION
 HEALTH QUESTIONNAIRE

Teachers and those training to become teachers need a high standard of physical and mental health to enter or remain in the teaching profession. You are required to complete this health questionnaire as part of your application to the Post Graduate Certificate in Education course. The University Medical Advisor will screen health questionnaires and conduct follow up telephone calls, emails, arrange medicals or obtain medical reports as appropriate.

If a medical report from your General Practitioner is required you will be responsible for any cost incurred.

The Medical Advisor will advise the University regarding your fitness to teach. No details of any medical conditions will be forwarded to the University without your specific consent. It is very rare for a student to be declared unfit to teach. False information or failure to disclose any significant information could affect your place on the course. You should complete all sections of the form and return by the requested date.

School placements are mostly outside Exeter and often involve travelling. Full time attendance is compulsory. Please declare all medical conditions, including brief details, and any special arrangements you may need so these can be considered before your placements are set. If there is any change in a significant condition after you have completed the form or during your training you should inform the Medical Advisor.

Delays with completing this form may result in problems for registration

To be completed by the Candidate

Family name	First name(s)
Previous name(s)	Title (Mr/Mrs/Ms/Miss)
Student Number	Date of Birth
Programme Title	Course Code

Address: Country: Dates at this address:	Daytime telephone number (where you can be contacted): Evening telephone number: Mobile telephone E-mail address:
Alternative address – to be used on dates specified if not available at above address Dates at this address	

Name

DOB

Please answer all of the following questions. If you answer yes to any questions, please give further details continuing on a separate sheet of paper if necessary

	Yes	No	Details and dates
Have you had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher?			
Have you ever had any illness or health related problem that may have been made worse by work?			
Have you ever been medically retired from any job or left any job due to illness?			
Do you have any hearing problems?			
Do you have any problem with speech or communication? Including use of the telephone?			
Have you ever had a back problem?			
Do you have any difficulties standing, bending, lifting or with any other movements?			
Have you ever had any problems with your joints including pain, swelling or stiffness?			
Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia?			
Have you ever had a drug or alcohol problem?			
Have you ever had any skin problems?			
Have you ever had any blood pressure or heart problems?			
In the last 12 months, have you had a cough for more than 3 weeks, coughed up blood or had any unexplained weight loss or fever?			
Have you ever suffered from asthma, bronchitis or chest problems?			
Have you ever had hepatitis or jaundice?			

Medical-in-confidence

	Yes	No	
Have you ever had fits, blackouts or epilepsy?			
Do you suffer from migraines or recurrent headaches?			
Do you have any other medical conditions?			
Are you on any medication at present, including medicine, pills, injections or inhalers?			
Do you feel well at present?			
Are you allergic to anything? If so what?			
Have you ever been treated in hospital? If yes please give reason(s) and date(s).			
Are you waiting for any treatment, operation or investigation?			

What is your height?

What is your weight?

Did you declare any special needs or support on your application form?

YES / NO

If yes, which code?

Are there any special provisions that could be made to assist or enable you to fulfil your training?

YES / NO

If yes, what?

Have you seen a doctor in the last 2 years for any health problems? If yes, please give reason(s) and approximate date(s), with the time off work or studies, to the best of your recollection.

Date

Nature of Condition

Time off needed

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May we have your consent to approach your doctor and, if necessary, your hospital specialist for further information?

YES / NO

Signed

Date

If, in the opinion of the Medical Advisor, there may be extra assistance or support available for you, may we have your consent to pass information from this form on to the University Disability Officer in confidence?

YES / NO

This information would not be passed to other staff within the University.

Signed

Date

If the Medical Advisor requires more information may she ask for further details by e-mail, bearing in mind the potential for loss of confidentiality on the Internet?

YES / NO

Signed

Date

Declaration

I declare that all of the statements and information I have made on this questionnaire are true to the best of my knowledge. I understand that giving false information or failing to disclose any significant information could result in the offer of a teacher training place being withdrawn.

Signed

Date

UNIVERSITY OF EXETER
PGCE ADMISSIONS OFFICE
Northcote House
The Queen's Drive
Exeter EX4 4QJ

Tel: 01392 263009 Fax: 01392 262479

Form of Consent

APPLICANT DETAILS

Name _____ Telephone No _____

Address _____ Date of Birth _____

YOUR AUTHORISATION

I hereby consent to a medical report being supplied in confidence to the University Medical Advisor. I understand clinical details will not be disclosed, but advice based on them might be given to the University.

I am aware of and understand my rights under the Access to Medical Records Act 1988 and have read the associated summary of them. This consent will remain valid for 6 months.

I do not wish to have access to the medical report before it is supplied.

My family doctor is _____

My Specialist is _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone No _____

Telephone No _____

Signed _____

Signed _____

Date _____

Date _____

To be completed by University Medical Advisor

- A Fit / Suitable on information given
- B Further information required
 - Telephone consultation Date / /
 - Email
 - Questionnaire
 - GP report requested
 - GP report received

 - Medical examination required
 - Medical examination performed

 - Specialist report requested
 - Independent specialist examination requested
 - Specialist report received

 - Sent to DfES Medical Advisor for advice
 - Reply from DfES Medical Advisor

- C Final Result
 - Fit
 - Fit subject to reasonable adjustment
 - Temporarily unfit
 - Permanently unfit

SignedDate...../...../.....

Dr K Thomas