

Medical in confidence

**UNIVERSITY OF EXETER**

**BSc APPLIED PSYCHOLOGY (CLINICAL)**

**HEALTH QUESTIONNAIRE**

Please complete the pre course health questionnaire form below. You should complete all sections and return it in an envelope clearly marked confidential as well as stating your name and UCAS id number. **Please return all questionnaires to, The Admissions Office, Laver Building, North Park Road, Exeter, EX4 4QE**

The University Medical Advisor will screen the questionnaires and conduct follow up telephone calls, e-mails, arrange a medical examination or will contact you prior to obtaining a medical report if necessary

It is important that any medical conditions are declared so any reasonable adjustments can be made if required. No details of any medical conditions will be forwarded to the university.

If you have any queries regarding any fitness issue contact Dr Kate Thomas on 01392 676621

**To be completed by the Candidate**

Family name \_\_\_\_\_ First name(s) \_\_\_\_\_  
Previous name(s) \_\_\_\_\_ Title(Mr/Mrs/Ms/Miss) \_\_\_\_\_  
UCAS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

Home address:	Day time telephone number Where you can be contacted:
Postcode:	Evening telephone number:
Country:	Mobile telephone:
Dates at this address:	E-mail address
:	

**Medical in confidence**

Name \_\_\_\_\_ DOB \_\_\_\_\_

**Please answer all of the following questions. If you answer yes to any questions, please give further details – continue on reverse or a separate sheet of paper (with your name on it) if necessary**

	NO	YES - please give details and dates
Do you have any difficulties standing, bending, lifting, walking or with any other movements?		
Do you have any eyesight problems not corrected by glasses?		
Do you have any hearing problems?		
Do you have any problem with speech or communication?		
Do you have any problems with reading/writing? (e.g. dyslexia)		
Have you ever had hepatitis or jaundice?		
Have you ever had fits, blackouts or epilepsy?		
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 had TB		
Have you ever suffered from chronic fatigue syndrome or ME?		
Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, stress, psychosis or similar		
Have you ever seen a psychiatrist, psychologist or counsellor?		
Have you ever sought advice for any eating disorder? (e.g. anorexia, bulimia)		
Have you ever had a drug or alcohol problem?		
Are you on any medication at present, including medicine, pills, injections or inhalers?		
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?		
Have you needed more than a week off work/studies due to ill health in the last 2 years? – please give length of time off and cause		

Name \_\_\_\_\_ DOB \_\_\_\_\_

If you have any medical conditions or disabilities not mentioned above please give details

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?

**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 place on a course at the University of Exeter being withdrawn

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 a University Disability Officer in confidence? This information would not be passed to other staff within the University

YES / NO

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 \_\_\_\_\_

UNIVERSITY OF EXETER

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**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 \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No \_\_\_\_ \_\_\_\_\_

Telephone No \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_