

Medical-in-confidence  
UNIVERSITY OF EXETER  
UNDERGRADUATE COURSE IN RADIOGRAPHY  
HEALTH QUESTIONNAIRE

Please complete the pre course health questionnaire form below. You should complete all sections and return it in the envelope provided. The University Medical Advisor will screen the questionnaires and conduct follow up telephone calls, arrange 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.

In your first week after arrival at the University you should be seen at the Student Health for health clearance screening for serious communicable diseases according to NHS guidelines. You will be given further details on arrival at 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
:	

**PLEASE ATTACH A PRINTOUT OF YOUR VACCINATION HISTORY FROM YOUR GP.**

**If you do not have a GP please attach details of all previous vaccinations**

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 / Dates
Do you have any difficulties walking, standing, bending, lifting or with any other movements?			
Have you ever had any problem with your joints including pain, swelling or stiffness?			
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? Including use of the telephone?			
Do you have problems with reading/writing? (e.g. dyslexia)			
Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia?			
Have you ever seen a psychiatrist, psychologist or counsellor?			
Have you ever suffered from chronic fatigue syndrome or ME?			
Have you ever sought advice for an eating disorder? (e.g. anorexia, bulimia)			
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?			
Have you ever suffered from asthma Bronchitis or chest 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 had hepatitis or jaundice?			

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	Yes	No	Details / Dates
Have you ever had fits, blackouts or Epilepsy?			
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)			
Have you needed time off work/studies due to ill health in the last 2 years? Please give time off and cause			
Are you waiting for any treatment operation or investigation?			
Did you declare any special needs or support on your application form?			
Are there any special provisions that could be made to assist or enable you to fulfil your training?			

How many units of alcohol do you drink per week? \_\_\_\_\_

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

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May we have your consent to approach your doctor and, if necessary, your hospital specialist for further information? Please complete the attached consent form.

YES/NO

I understand that I may be required to attend a medical examination.

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 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 the 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 wishes to ask for more information about a declared condition may she contact you for this by e-mail, bearing in mind the potential for loss of confidentiality with the Internet?

YES/NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

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FORM OF CONSENT

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

My Family doctor is _____	My Specialist is _____
Address _____ _____ _____	Address _____ _____ _____
Telephone No _____	Telephone No _____
Signed _____	Signed _____
Date _____	Date _____

To be completed by Exeter University Medical Advisor

A  Fit on information given

B  further information required

E mail questionnaire      Date    /    /

Telephone consultation      Date    /    /

GP report requested

GP report received

Other information required

C Final Result

Fit subject to contagious disease screening

Fit subject to specified conditions

Unfit

Date