

## Confidential: Medical & well-being form



Activate Learning wants to ensure that those with medical conditions and pastoral and support needs can access their education. Some people with medical conditions may need care or medication to manage their health condition and to keep them well.

Please complete this questionnaire so we can assess your health needs and make arrangements to support you if necessary, including making a care plan and/or risk assessment of your medical/pastoral/support needs.

If you were aged 16-17 on the 31st August, the form must be completed by your parent/carer.

Any information given will be kept in accordance with our privacy notices.

<https://www.activatelearning.ac.uk/who-we-are/privacy-and-data-protection/>

SECTION 1: Personal Information			
Learner full name			
Date of birth (dd/mm/yyyy)		Learner ID number	
If you are unsure of the learner ID number, this will be in a letter from college.			
Name of doctor/GP			
Surgery			
Address of surgery			
Surgery phone number			

SECTION 2: Medical information required		
Does the learner have any medical or health conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please tick the conditions as appropriate:		
<input type="checkbox"/>	Allergies to any known drug	
<input type="checkbox"/>	Any other known allergies, e.g., nuts, foods, materials	
<input type="checkbox"/>	Asthma or bronchitis	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Seizures, fainting or blackouts	
<input type="checkbox"/>	Heart condition	
<input type="checkbox"/>	Mental health condition	
<input type="checkbox"/>	Severe headaches	
<input type="checkbox"/>	Travel sickness	
<input type="checkbox"/>	Physical disabilities, including mobility disabilities	
<input type="checkbox"/>	Difficulties with eating, drinking and swallowing	
<input type="checkbox"/>	Visually impaired (not corrected with glasses)	
<input type="checkbox"/>	Hearing impaired	
<input type="checkbox"/>	Other, please specify below	

If you have ticked any of the above conditions or 'Other', please give details of the medical diagnosis, condition, issue, or concern, including physical and mental health.

Would any of the medical or health issues impact on the ability to leave a building in an emergency?

 Yes

 No

If yes, please give further details.

Have you (the learner for whom you are completing this form) received a vaccination against tetanus in the last five years?

 Yes

 No

 Not sure

### SECTION 3: Medication

Are you (or the person for whom you are completing the form) taking any regular prescription medicine that may affect you and your general health?

 Yes

 No

If yes, please give details of this medication. Tell us about dosage (how much/strength of medication), method of administration, when to be taken/how often.

What are the side effects or contra-indications of this medication?

Can this medication be self-administered?

 Yes

 No

Is someone required to supervise the taking of this medication?

 Yes

 No

Is someone else required to administer this medication to you (or the person for whom you are completing the form)?

 Yes

 No

<b>SECTION 4: Medical emergency</b>		
Have you (or the person for whom you are completing the form) been given any specific medical advice to follow in a medical emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:		
Are there any particular medical emergencies that could be experienced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details of the medical emergency which could be experienced. Please include details of what this medical emergency would look like.		
What action/s should we take in college if this occurs?		

<b>SECTION 5: Additional Information</b>		
Is there is any further medical information, e.g., around mental health and well-being, you feel we need to know about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details here:		

<b>SECTION 6: Support for social, emotional, communication, developmental and/or behavioural issues</b>		
Are there any specific support needs for social, emotional, communication, developmental and / or behavioural issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details of any internal and external support required or provided:		
Please describe what would constitute an emergency:		

What action should be taken if this occurs?

**SECTION 7: Personal Care**

Are there any personal care requirements? E.g., access / support to the toilet, regular rest breaks? Note: you must supply any equipment required for personal care whilst in college.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please give details here, noting what reasonable adjustments need to be made, e.g., access / support to a toilet, regular breaks.

***Thank you for this information. Please sign the confirmation below (SECTION 8).  
A staff member may contact you if further information is required.***

**SECTION 8: Confirmation**

**I have read and completed this form for:**

<input type="checkbox"/>	A Learner who was 16-17 on 31st August 2022
<input type="checkbox"/>	Myself as I am a mature student (18 or over on 31st August 2022)

Signature	
Print your name	
What is your relationship to the learner, e.g., parent, carer?	