atc new zealand
CHANGING LIVES THROUGH LEARNING

Student Medical Statement

Information provided in this document is only available to administration, your tutor and your medical insurance provider.

Where appropriate, and with your consent, information that may relate to your safety and well being while on field trips will be disclosed to fellow tutors.

All information contained in this document will be used in accordance with the Privacy Act 1993. The information contained in this form is not used for eligibility purposes for the course you wish to be enrolledl in.

Student Details:

Surname: ______________________________

First Names:______________________________

Emergency Contact Name: ______________________________

Emergency Contact Number: ______________________________

Height: ______________________________

Medical Details:

Have you ever suffered from any of the following complaints? *(please circle or write "No)*

1) Arthritis
2) Asthma
3) Diabetes
4) Epilepsy
5) Eczema
6) Hay fever
7) Hypothermia
8) Hyperthermia
9) Hyperventilation
10) Head Injuries/concussion
11) Pneumonia
12) Acute Abdominal problems
13) Back/Neck/Spinal Injuries
14) Bleeding Disorders
15) Ear Problems
16) Headaches/migraines
17) Heart Problems
18) High Blood Pressure
19) Low Blood Pressure
20) Mental Disability

Other Medical Conditions not listed above: *(please specify):*

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Do you have one of the following medical conditions? *(Please circle or write "No)*

1) Tinea
2) Meningitis
3) Herpes
4) Hepatitis
5) HIV

Other conditions not listed above: *(please specify):*

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Do you have allergic reaction/s to any of the following? *(please circle or write "No)*

1)	Antibiotics	**2)**	Insect Bites/Stings	**3)**	Elastoplasts
4)	Medication	**5)**	Foods	**6)**	Injections
7)	Penicillin				

If you have circled any of the above, please give details *(Symptoms action required):*

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Medication:

Are you currently on medication YES NO

If yes, please give details below

Medicine	Dosage/Frequency	Reason

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Prevention:

Is your tetanus Vaccination current? YES NO

Phobias/Fears:

Do you suffer from any phobias? YES NO

If yes please give us details

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For medical insurance purposes please list any pre existing medical conditions that you have.

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To assist with the above it is important that you provide accurate and clear medical details for you protection and to provide safety or other participants.

Risk Disclosure:

There will always be risks and hazards associated with any activity, especially in an outdoor environment. It is important to understand that safety is a shared responsibility of the organization and the participants on the programme.

Student Signature: Date: