



## Prospective Student Health Questionnaire

### CHECKLIST

Please ensure that you have completed all parts of the document before submitting it to the Occupational Health Department

Completed questionnaire?

Vaccination record enclosed/attached?

GP signed and stamped?

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## OCCUPATIONAL HEALTH SERVICE PROSPECTIVE STUDENT HEALTH QUESTIONNAIRE

### **PRIVATE AND CONFIDENTIAL**

Please return the completed form to:

Occupational Health Department, Penmaen Building, Swansea University Singleton Campus,  
Swansea, SA2 8PP (do not send it to the Recruitment and Selection Office) or scan all of the pages  
into PDF format and email to [occupational-health@swansea.ac.uk](mailto:occupational-health@swansea.ac.uk)

**We strongly advise you make a copy for your own records before returning it to us. Should the questionnaire be incomplete it will be returned to you.**

**Please read, complete this form and give it to your GP at your earliest convenience. You should be aware that your form may take some weeks to be completed by the GP once left with them, therefore it is advised that you act as soon as possible to avoid a delay in returning it to us as this could affect your commencement date.**

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### **Why are we collecting this information?**

The University has a legal general duty of care to all its students and the information in this health screening facilitates the provision of this care.

For some groups of students there is specific statute to ensure the appropriate provision of monitoring the health and welfare of those undertaking certain courses, this information is a mandatory part of that provision.

### **What we intend doing with it**

This information is used to comply with Health & Safety legislation regarding the University duty of care. It is also used to ensure no individual is put into an area of inappropriate risk and to develop any relevant and reasonable assistance to accommodate the student.

This information is used to form a baseline of an individual's current health, which can be used by;

- (i) The individual should there be negligence on the part of the University in its duty of care.
- (ii) The university in substantiating its duty of care, in law suits.

### **GDPR Statement**

Swansea University takes its responsibility for looking after information very seriously. The Occupational Health Department is responsible for assessing your health and fitness for practice prior to commencing your chosen course and during clinical placements. In order that we make that assessment you are required to provide information.

We follow the principles set out by GDPR at all times when asking for, or handling, your information. Staff within Student Occupational Health have access to the information. Medical records are governed by confidentiality guidance and medical information provided will not be shared without your consent apart from in exceptional circumstances.

### **What happens to this information when the individual leaves?**

The records are archived and will be kept in accordance with appropriate legislation.

Should you have any queries, please contact the Student Occupational Health Department via the following address:

**Occupational Health Department**

**Penmaen Building**

**Swansea University Singleton Campus**

**Swansea**

**SA2 8PP**

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**Section 1: Personal Details**

Family name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Title (Mr, Ms, Mrs etc) \_\_\_\_\_

Contact address: \_\_\_\_\_ GP's name & address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Email address: \_\_\_\_\_

**Section 2: Course Details**

Course applied for: \_\_\_\_\_

Campus: \_\_\_\_\_

Course commencement date: \_\_\_\_\_

**Section 3: Your health & functional capabilities**

- 1. Do you have or have you had any issues with the following:
  - a. **Mobility** e.g. walking, running, using stairs..... Yes  No
  - b. **Agility** e.g., bending, reaching up, kneeling down, maintaining balance..... Yes  No
  - c. **Dexterity** e.g. getting dressed, writing, using tools ..... Yes  No
  - d. **Physical exertion** e.g. lifting, carrying, running ..... Yes  No
  - e. **Communication** e.g. speech, hearing ..... Yes  No
  - f. **Vision** e.g. visual impairment, colour blindness, tunnel vision ..... Yes  No
  - g. **Learning** e.g. dyslexia, dyspraxia, dyscalculia, impaired concentration..... Yes  No

If **yes** to any of the above, give details e.g. extent of impairment, any support needs or adjustments required at school work or home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Have you ever required arrangements at school or work to overcome barriers? e.g. equipment, extra time in exams, part-time working ..... Yes  No
- If **yes**, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Do you have or have you had any of the following:
  - a. **Chronic skin condition affecting your hands?** e.g. eczema, psoriasis ..... Yes  No
  - b. **Neurological disorder?** e.g. epilepsy, multiple sclerosis..... Yes  No
  - c. **Allergies?** e.g. to latex, medicines, foods ..... Yes  No
  - d. **Endocrine disease?** e.g. diabetes ..... Yes  No

If **yes** to any of the above, give details e.g. when condition developed, severity, effects, treatment, adjustments required at school, work or home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Do you have or have you had any of the following:
  - a. **Sudden loss of consciousness?** e.g. a fit or seizure ..... Yes  No
  - b. **Chronic fatigue syndrome?** (or similar condition) ..... Yes  No
  - c. **An illness requiring more than two consecutive week’s absence from work?** ..... Yes  No
  - d. **Mental health problems?** e.g. anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose or self-harm, drug or alcohol dependency ..... Yes  No
  - e. **An eating disorder?** e.g. bulimia, anorexia nervosa, compulsive eating..... Yes  No

If **yes** to any of the above, give details e.g. when condition developed, how long it lasted, its effects on you, treatment, adjustments required at school, work or home \_\_\_\_\_  
\_\_\_\_\_  
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Continuation space:

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<b>Section 4: Vaccination History</b>
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Before sending this form to Occupational Health, you **MUST** obtain a copy of your vaccination history from your GP and **ATTACH IT TO THIS FORM**. If you have had any vaccinations elsewhere (school, employment etc.) you must also attach evidence of these.

**\*\*HEALTH FORMS RECEIVED WITHOUT THIS EVIDENCE ATTACHED WILL BE RETURNED\*\***

<b><u>ESSENTIAL VACCINATIONS</u></b>	MMR'S x2 vaccinations – if you have not had these then please arrange to have them with at your GP practice
<b><u>DESIRABLE VACCINATIONS</u></b>	Any Hepatitis B vaccinations received and a copy of blood test results for antibodies/immunity MEN ACWY if you are under 25 years of age BCG vaccine

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**Section 5: Declaration**

DECLARATION TO BE COMPLETED BY **ALL** STUDENTS:

Please read the declaration below, tick each box once completed, then sign and date that you have understood it.

**Name:** \_\_\_\_\_

- I declare that the information I have provided about my impairment/health condition if any, is **correct** to the best of my knowledge and belief and that failure to disclose information may affect my acceptance onto the course
- I consent to attend the Occupational Health Department for a pre-placement health screening consultation
- I consent to undergo blood tests and receive vaccinations necessary to undertake the healthcare course
- I have obtained a printout of my vaccination history and attached it to this form

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 6: General Practitioner**

Your patient has been offered a place to study at Swansea University. All prospective students undertaking a course subject to the requirements of a regulatory body e.g. GMC/ GDC/ NMC etc., are required to complete a health questionnaire to enable the University to assess their medical fitness and where appropriate consider any reasonable adjustments or additional support needs. We would ask for your co-operation in verifying the health information provided by the prospective student: Please ✓ the appropriate answer:

Are you the applicant's usual General Practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>According to your records and knowledge of the applicant, do the answers to questions in Section 3 appear correct/ full/ accurate? (please add any comments below, if appropriate)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Name of Applicant: \_\_\_\_\_

General Practitioner's Name: \_\_\_\_\_

General Practitioner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GP Practice Stamp