

Medical Questionnaire

**The following information is required by the employer in order to provide a safe and healthy placement for your son/daughter.**

**Failure to disclose accurate information could put your son/daughter at risk and will result in the placement being withdrawn:-**

To be completed by the parent or guardian of:

Student's Name: .....

School:..... Tutor Group .....

Does he/she:	YES/ NO	IF YES PLEASE DETAIL
1. Have any restrictions of normal physical activity?		
2. Need support during the period of the work placement?		
3. Have skin allergies or eczema? (or any other allergies, e.g. to nuts?)		
4. Have bronchitis, asthma or chest complaints?		
5. Have a hearing disability or discharging ears?		
6. Have heart disease/any other related which would affect their capacity to carry out physical tasks?		
7. Have diabetes?		
8. Experience fits or fainting attacks?		
9. Have significant colour vision defect or other visual disability?		
10. Have a learning disability which might affect their ability to understand or act on instructions?		
11. Have <i>any other</i> health problems (including the need for regular medication?)		
* <u>Attach a separate sheet of paper if necessary.</u>		

**GDPR** By providing your data to us you are instructing us to act as your Data Processor. We will carry out our work in relation to work placements and site visits with you and will hold your details with your instruction. We acknowledge our GDPR responsibilities and will not communicate the data to any other party unless instructed by you to do so, other than the schools/colleges and their students concerned or if HSE request it. Unless otherwise instructed, we will retain your data for a period either dictated to by law or by our discretion (usually no more than 7 years) or after you send newer details/complete a revisit, whichever is the sooner. All files will then be securely and confidentially destroyed. Our privacy notice is available on line at [www.ebpnw.co.uk](http://www.ebpnw.co.uk). Our ICO registration number is : 229835

Signed:.....Parent/Guardian

Date:.....