



THE UNIVERSITY OF
MELBOURNE

S.E.S. MEDICAL QUESTIONNAIRE

This form is to be used in conjunction with the Environment Health and Safety Manual Procedure 7.1 Off Campus Guidelines, SES Guidelines and VIEPS Guidelines

This form must be completed by the student, and given to the Front Office (Room 401)

1. Identification information

Undergrad Honours/Postgrad Demonstrator Staff

Family name: _____ Given Name: _____

Student No	Medicare No.	Ambulance No.	Contact Phone	Mobile Phone

Please tick box for excursions you will attend in 2012:

- 1st year excursions M. Environmental Sci.
 2nd year excursions Postgraduate Research
 3rd year excursions Honours/VIEPS

2. Medical and Allergy Condition Questionnaire

1. During the last month have you been unwell or diagnosed with an illness? Yes No

2. Are you required to take any medication Yes No

If so: What is the medication? _____

What is the condition that it treats? _____

3. Do you have a history of chronic back or neck pain? Yes No

4. Do you have any other pre-existing conditions? Yes No

What is the condition? _____

5. Do you have any allergies to the following: (Please circle)

Pain medications _____

Pollen or flower products _____

Chemicals _____

Environmental _____

Animals _____

Foods _____

Bee Stings _____

6. Have you ever had problems with any of the following: (Please circle)

Asthma

Diabetes

Fainting

Fits or seizures

Systemic infections

Eczema or skin disorders

Severe Allergic Reactions

Food / Medicine Allergies

Hearing loss or tinnitus

Other _____

Heart palpitations

Sweats and fevers



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P.T.O.

3. Other information

Date of last tetanus immunisation: _____

Blood type (if known): _____

Special dietary requirements:

4. Emergency Contact Details

Contact Person: _____

Relationship: _____

Work phone: _____

Home phone: _____

Mobile phone: _____

Doctor's name: _____

Address: _____

Contact No: _____

I agree that the above information is correct and authorize the supervisor in charge of the program to consent to my receiving medical or surgical treatment as may be deemed necessary, in the event I am unable to communicate.

It is recommended that you inform the University of any physical or medical condition, which may affect your comfort or safety, or the safety of others during the activity or placement. The School of Earth Sciences strongly recommends that you provide this information although the provision of this information is not mandatory. The information is designed to assist in the event of accident or emergency. Medical information shared with the University of Melbourne is subject to the Information Privacy Act 2000, Health Records Act 2001, Equal Opportunity Act 1995 and the University's Privacy Policy.

5. Authorisation

I have read and understand the field guidelines and requirements as posted on the School of Earth Sciences website.

Signed: _____

Date: ____/____/____