

UTS MEDICAL INFORMATION FORM FOR FIELDWORK

CONFIDENTIAL

As part of the _____ (name of school/faculty) responsibility for health, safety and welfare of participants in approved University fieldwork activities, it is important that the Fieldwork Leader is aware of any medical conditions that you have that could affect fieldwork activities.

Completion of this form is therefore a prerequisite for all persons participating in specified _____ (name of school/faculty) fieldwork activities.

(Note: Regular participants in fieldwork do not need to complete a medical information form for each trip. However, they must complete a new form every twelve months or when their medical circumstances change.

PERSONAL DETAILS

Name	
Address	
Status (Staff/student)	
Staff/student identity number	
Emergency contact name	
Emergency contact telephone number	

MEDICAL INFORMATION

Do you suffer from any medical condition that could incapacitate you in fieldwork situation and/or require expert medical attention?	
Do you have any allergies or reactions to drugs (this includes natural therapies) or allergies to food?	
Do you have any special dietary requirements?	
Do you have any special needs (e.g. wheelchair)?	
Date of last tetanus toxoid booster?	
Are there any other matters or circumstances that will/could affect your participation in a fieldwork	

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DECLARATION

I, _____, declare that the answers to the above questions are true, that I have not withheld any relevant information, I consider myself fit to participate in fieldwork activities, and know of no medical condition or other factor that should prevent me from participating in the fieldwork activity without jeopardising my own safety or that of others in the party.

I understand that the University reserves the right to decline or limit participation in fieldwork activities by any person on medical grounds.

Signature**Date**

(Note: In accordance with University policy, information provided on this form will remain confidential to the Fieldwork Leader; the Head of School/Departmental Head/Unit Leader or Director and associated administrative support staff, and will be filed securely within the School.)

AUTHORITY TO OBTAIN MEDICAL ATTENTION

In the event of illness or accident, I consent to the Fieldwork Leader obtaining such medical attention as he or she may deem appropriate to treat my condition.

I understand that I may be liable for the costs of the treatment and associated services, if the need for the medical attention has come about as a result of my participating in non-UTS approved activities (see Section 4 – Insurance).

Signature**Date**

(Note: If you are under 18 years of age, a parent or guardian must also sign below in acknowledgement of the obligations under the “Authority to Obtain Medical Attention”.)

Signature of parent or guardian (if necessary)**Date**