

# Student Medical Information

The Student Medical Information Form will provide information to ensure the safety of students in the event of an emergency or incident during an excursion or field trip. This form allows students with medical conditions or who regularly take medications to notify us of any pre-existing conditions and supports they may require.

All information provided by you is collected and maintained in accordance with the *Privacy and Data Protection Act 2014 (Vic)*, the *Health Records Act 2001* and the TAFE Gippsland policies and procedures related to privacy and the release of student information. Health Information will be kept private and only released to relevant staff or treating health professionals.

## Student Details:

Surname:			
First Name:		Date of Birth:	
Address:			
Suburb:		Post Code:	
Phone:		Mobile:	
Name of Doctor:		Phone of Doctor:	
Medicare No.			
Ambulance Member:	Yes	No	Member Number:
Do you have a Health Care Card or Concession Card?	Yes	No	
If yes, what is your Card Number?			
Do you have Private Health Insurance?	Yes	No	

## Emergency Contacts:

Name of Contact:			
Relationship to you:			
Address:			
Suburb:		Post Code:	
Phone:		Mobile:	
Alternate Contact Name:			
Relationship to you:			
Address:			
Suburb:		Post Code:	
Phone:		Mobile:	

### Medical Information:

Please complete as much detail as you can and include all conditions that may affect your study and / or safe participation in TAFE classes and activities. This requested information is to help ensure your safety.

Condition	Yes	No	Details and Treatment
Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	Please attach your asthma management plan
Do you have Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Please attach your diabetes management plan
Do you have Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	Please attach your epilepsy management plan
Do you wish to disclose any mental health condition that may impact on your time at TAFE Gippsland?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, what is the impact of this condition on you? (e.g. <i>panic attacks, fainting</i> ) What support do you need in the event of an episode? (e.g. quiet place, contact emergency services etc.)
Do you have any other medical condition/s that might restrict your full participation in TAFE Gippsland activities?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the type of condition:  What is the impact of this condition on you? (e.g. <i>fatigue in the morning, unable to walk long distances</i> )
Allergy Information:	Yes	No	Details
Do you have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Note food allergies will be discussed in more detail if enrolling in Hospitality and Service Industry courses.
Do you have any other allergies? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Does this allergy require medication?	<input type="checkbox"/>	<input type="checkbox"/>	Please attach your Allergen Management Plan
Medication:	Yes	No	Details and Treatment
Do you take Medication?	<input type="checkbox"/>	<input type="checkbox"/>	Please name medication: _____ What is this medication for? _____ How often do you take this medication? _____ Does this medication impact your safe function, particularly if studying in areas with higher risk equipment? (e.g. trades and construction, and use of machinery) Y <input type="checkbox"/> / N <input type="checkbox"/> If Yes, what is the likely impact?

Are there any restrictions caused by your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Note: Medical clearance may be needed for some courses. You will be advised separately if this is the case.</i>
Cannot operate heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	
Cannot drive	<input type="checkbox"/>	<input type="checkbox"/>	
Causes dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Causes fatigue / tiredness	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty in concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Medication must be taken with food	<input type="checkbox"/>	<input type="checkbox"/>	
Reduces reaction time	<input type="checkbox"/>	<input type="checkbox"/>	
Slurring or impaired speech	<input type="checkbox"/>	<input type="checkbox"/>	
Tremors or shakes	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)			
Do you require assistance with your medication? (e.g. refrigeration, administration, lock up away from other students)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Questions:</b>	<b>Yes</b>	<b>No</b>	<b>What support(s) may you need?</b>
Do you have access limitations? (e.g. mobility, vision, social anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	
Will you need assistance if a site evacuation is required?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like a Personal Emergency Evacuation Plan (PEEP) to be developed? This document outlines support you may need to safely evacuate in the event of an emergency (for example mobility support).	<input type="checkbox"/>	<input type="checkbox"/>	

### Authorisation:

I authorise the supervising TAFE Gippsland representative, in the event of any illness or accident, to obtain all necessary medical assistance and treatment and transportation to hospital accommodation, and I agree to pay all fees and expenses incurred. I authorise any qualified medical practitioner to administer to me an anaesthetic if he/she deems it necessary.

I agree that I will conform strictly to the Institute Learner Code of Conduct and all conditions or reasonable directions, including the safety procedures for travelling in Institute vehicles laid down verbally or posted in the vehicles.

I undertake to advise TAFE Gippsland if there is any change to the information I am providing above, specifically about medical conditions and/or medication.

Signature of Student:	
Date:	
Name of Parent/Guardian (if under 18):	
Signature of Parent/Guardian (if under 18):	
Date:	