

Student Medical Information Form

The purpose of this TAFE Gippsland Student Medical Information Form is to ensure that we have sufficient information to ensure the safety of students in a critical situation. This form allows students with medical conditions or who regularly take medications to notify us of their conditions to ensure they are supported whilst at TAFE Gippsland, during placement and on excursions.

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 Release of Student information procedure. 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: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Name of Doctor: _____ Phone Number of Doctor: _____

Medicare No.: _____ Ambulance Subscriber: **Y / N** If yes, your Subscriber No. is: _____

Do you have a Health Card: **Y / N** If yes, your Health Card No is: _____

Do you have Private Health Insurance: **Y / N** If yes, your Fund is: Your No is _____

Emergency Contact:

Name of Contact: _____

Relationship (e.g. parent, spouse, guardian): _____

Address: _____ Suburb: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Alternate Contact: _____

Name of Contact: _____

Relationship (e.g. parent, spouse, guardian): _____

Address: _____ Suburb: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Medical Information:

Please complete this as much as you can. Include all conditions that may affect your study and / or 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?			Please attach your asthma management plan
Do you have Diabetes?			Please attach your diabetes management plan
Do you have Epilepsy?			Please attach your epilepsy management plan
Do you wish to disclose any mental health condition that may impact on your time at TAFE Gippsland ?			What is the impact of this condition on you? (e.g. <i>panic attacks, fainting</i>)
Do you have any other Medical Condition that might restrict your full participation in TAFE Gippsland activities?			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?			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)			
Does this allergy require medication?			Please attach your Allergen Management Plan
Medication::	Yes	No	Details and Treatment
Do you take Medication?			Please name medication: _____ What is this medication for: _____ How often do you take this medication: _____
Are there any restrictions caused by your medications:			<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			
Cannot drive			
Causes dizziness			
Causes fatigue / tiredness			
Difficulty in concentration			
Medication must be taken with food			
Reduces reaction time			
Slurring or impaired speech			
Tremors or shakes			
Other (specify)			
Do you require assistance with your medication? (e.g. refrigeration, administration, lock up away from other students)			
Other Questions:	Yes	No	What support(s) may you need?
Do you have access limitations (e.g. mobility, vision, social anxiety)			
Will you need assistance if a site evacuation is required?			

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 Student Code of Behaviour and all conditions or reasonable direction, 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:

Signature of parent/guardian (if under 18):**Date:**
