

## Work Experience Health Declaration Form

Name of Student		Tutor Group		
School				
Placement period				
Does your son/daughter have any medical conditions which could result in an unnecessary risk to his/her			Yes	No
If yes please indicate & c	alth/safety of another person?			
ii yes piease iiiuicate & c	omment below			
Physical disabilities				
If yes please give details:				
Allergies, e.g. nuts, per	nicillin			
If yes please give details:			I	
Skin conditions e.g. ec: If yes please give details:	zema			
ii yes piease give details.				
Asthmas or any other of	hest complaints			
If yes please give details:			I	
Headan / Wienel immelia	an a mala			
Hearing / Visual impairs If yes please give details:	ments	L		
you product give accumen				
	ffects their ability to do physical tasks			
If yes please give details:				
Diabetes / Epilepsy				
If yes please give details:				
<b>1.</b> 11 41				
Medication If yes please give details:				
ii yoo pioada giro adama.				
	ny other issues that should be considered (including emotional & beha	avioura	al)	
(please continue overleaf if require	ed)			
Downant				
<b>Parent</b> This information will be sh	ared appropriately with an employer who is offering a work experience place	ement		
Signed	Date	<u> </u>		
Name (please print)				
(piease print)				
Employer				
	dge the health information above and can confirm that I will take the relevan	it risks i	nto accou	nt for this
placement. Signed	Date			
o.g.iou	Date			
Name	Position			
(please print) Company Name				
Oompany Name				