### **Confidential - Health declaration for each travelling student**

To be completed by each travelling student (information to be kept confidential unless required and destroyed or returned to student following trip)

|  |  |
| --- | --- |
| **Name:**  | **Student No:** |
| **Next of Kin / Emergency contact details:**  | **Your Address:**  |

**Your Health and Functional Capabilities**

Do you have any medical or other conditions of which we should be aware? These may be classed as any condition which could potentially impact upon you when travelling and/or conducting planned activities. eg. diabetes, epilepsy.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **yes** to the above, give details (e.g. when condition developed, severity, effects, medication and recommended treatment in the event of an issue). Continue on another sheet if required.

|  |
| --- |
|  |

Do you have any allergies?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **yes** give details:

**If your answer is “Yes” to either of the above questions – we request you inform the trip organiser prior to departure, and give details.**

If you would like any further advice on your health in relation to the trip please contact the UCC Student Health Department - +353 (0)21 4902311

**Ensure you’ve answered ALL questions as not doing so may result in not being permitted to travel.**

**DECLARATION**

I certify that my answers to the questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result in exclusion from the travel.

Signed:

Print Name: Date: