

**HEALTH QUESTIONNAIRE**

**Education and Social Work**

**Please read the following before completing the questionnaire:**

Occupational health assessments for your course are through Milton Keynes University Hospital (MKUH), on behalf of the University. Students who answer ‘yes’ to one of a small number of questions on this form must complete MKUH’s full occupational health process. Before health clearance is given you may be contacted by MKUH and may need to be seen by an Occupational Health Advisor or Physician.

The purpose of this questionnaire is to see whether you have any health-related matters that may affect your ability to undertake a professional course. Where recommended, adjustments or assistance, as a result of this assessment, will be discussed to support and enable you to pursue your course.

Your answers to this questionnaire are **CONFIDENTIAL** and will not be given to anyone without your written permission.

**Returning your form to the University**

In order to ensure your form remains **confidential** please place your form in a sealed A5 envelope. Please use the label template at the **end of the form** on the outside of the A5 envelope.

Please place the sealed A5 envelope inside an A4 envelope and send to:

Admissions

University of Northampton

Waterside Campus

University Drive

Northampton

NN1 5PH

**Do not include in the envelope any other course related documentation with this health questionnaire**

**Questionnaire**

1. Do you have any illness/impairment/disability\* or allergies?

**Yes □**

**No □**

\*This is a legal definition as per the Equality Act 2010 that confers rights to individuals who may be defined as having a disability under the Act as well as placing a duty on The University to make ‘reasonable adjustments’ to ensure no-one is substantially disadvantaged compared to others.

2. If you have answered **‘Yes’** to Q1, do you think you may need any adjustments or assistance to help you undertake your course?

**Yes □**

**No □**

3. Are you having or waiting for treatment (including medication but not contraceptive medication) or investigations at present?

**Yes □**

**No □**

**I have filled out this form to the best of my knowledge answering questions honestly and accurately.**

**Name:**

**Signed:**

**Dated:**

**Please complete and then cut out the label below for your A5 envelope**

**Private and Confidential**

**Occupational Health form enclosed**

Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ticked ‘yes’ at least once

 I only ticked ‘no’