|  |  |
| --- | --- |
|  | health & safetymedical questionnaire for off campus activities |

|  |
| --- |
| It is recommended that you inform the University of any physical or medical conditions, which may affect your comfort or safety, or the safety of others during trave and/or an off campus activity. This information is designed to assist in the event of accident or emergency. Medical information provided to the University of Melbourne is subject to the University’s [Privacy Policy (MPF1104)](https://policy.unimelb.edu.au/MPF1104). |

|  |
| --- |
| information about the travel/off campus activity |
| Traveler’s name:       | Staff/Student No.:        |
| Supervisor:       | Dates:       |
| Destination:       |
| Reason for travel/activity details:      |

| Medical declaration |
| --- |
| Do you have any medical or other conditions, which could affect your safe participation in the activity you are planning to undertake?[ ]  Yes [ ]  No |
| If yes provide a medical report confirming capacity and any physical or other restrictions that are relevant to your safe participation.      |
| I consent to this information being passed to the Coordinator of the activity for the purposes of assessing the safety of my participation in this event. |
| Signature:       | Date:       |