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|  | health & safety  medical questionnaire for off campus activities |

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| 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). |

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

| Medical declaration | |
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| 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: |