Please read these instructions carefully: Date:

Now that you have been offered a place at the University of Glasgow’s School of Veterinary Medicine, we need to know about any impairments or health conditions which could affect you in your training so that, where appropriate, we can advise the School of Veterinary Medicine of any support needs you may require and how these can be provided.

We also need to ask about conditions which could pose a risk to you so that we can assess these and consider how any risk can be avoided, whilst assisting you to successfully complete your course. This can be achieved with most health problems and impairments, even if substantial.

The University of Glasgow is committed to providing equality of opportunity for students with impairments and health conditions to complete their studies. Appropriate support can be provided for almost all circumstances even if the effects of impairment or ill-health are substantial. You should not assume that your impairment or health condition will prevent you taking up a place and we would be pleased to discuss with you at the earliest opportunity any concerns you may have.

However we have a duty of care to you and if you have a condition which would make it impossible for you to complete training, even with support, then you cannot be accepted onto the Veterinary medicine programme. In this circumstance, the University of Glasgow will endeavour to offer you a place on an alternative programme.

Failure to disclose information about a physical or mental health problem that could affect your health and/or safety could result in disciplinary action. All medical and sensitive personal information you provide will be held in confidence by the University of Glasgow’s Occupational Health Unit. The Faculty of Veterinary Medicine will only be informed of the effects of a health problem or disability, if relevant to your educational needs or patient safety, and of recommendations on support or adjustments that could be of assistance to you.

- Please answer each of the following questions, providing brief detail on any questions answered ‘yes’. If additional space is required, please continue on a separate sheet of paper.

- Once you have completed all sections, you should then send the form to the University of Glasgow’s Occupational Health Unit at the address below. Keep a copy of your form for reference. Please also ensure there is sufficient postage on your envelope as we do not collect items with insufficient postage from the Post Office.

If you declare any impairment or health condition which may require adjustment to the course programme, or affect fitness for work, an Occupational Health Adviser will contact you to assist you further within the next 2-3 weeks.

Occupational Health Unit, 63 Oakfield Avenue, Glasgow, G12 8LP

Data Protection Information

If you join the University of Glasgow this questionnaire will form the basis of your Occupational Health (OH) record. If you do not join, your questionnaire will be destroyed.

- Records are held in confidence by the University’s Occupational Health Unit, in line with the GMC’s guidance on Confidentiality.

- You may obtain access to your OH record by contacting the Occupational Health Unit.

- If you do require further information, contact the OHU at 63 Oakfield Avenue, Glasgow G12 8LP or by telephone +44 (0) 141 330 7171; or via ohu@admin.gla.ac.uk
Section 1  Personal Information

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
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<tbody>
<tr>
<td></td>
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</table>

Date of Birth

<table>
<thead>
<tr>
<th>Male/Female</th>
<th>Title: (Mr, Ms, Mrs etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Your Contact address:

<table>
<thead>
<tr>
<th>Your GP’s Name</th>
<th>Doctor’s Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

Post Code:

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>GP Phone:</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

Mobile Phone:

Your email address: Overtype your email address here, or write CLEARLY in the boxes below

Section 2  Your health & function capabilities

1  Do you have problems with any of the following?

A Mobility – eg walking, using stairs, balance

B Agility – eg bending, reaching up, kneeling down

C Dexterity – getting dressed, writing, using tools

D Physical exertion – eg lifting, carrying, running

E Communication – eg speech, hearing

F Vision – eg visual impairment, colour blindness, tunnel vision

G Learning – eg dyslexia, dyspraxia, dyscalculia

2 Have you ever required special arrangements at school or work to accommodate an impairment or health problem? (for example special equipment, extra time in exams, part-time working)
   If you answer yes, please give some details (continue on separate sheet if necessary)

3 Do you have any of the following?

A Chronic skin conditions (eg eczema, psoriasis)

B Neurological disorder (eg epilepsy, multiple sclerosis)

C Allergies (eg to latex, medicines, foods)

D Endocrine disease (eg diabetes)

   If you answer yes to any of the above, please give details (eg when condition developed, severity, effects, treatment) – continue on separate sheet if necessary
3 Continued

Have you ever been affected by:

E Sudden loss of consciousness? (eg fit or seizure)  

F Chronic fatigue syndrome? (or similar condition)  

G Mental health problems? (eg anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose or self-harm, drug or alcohol dependency)  

H An eating disorder? (eg bulimia, anorexia nervosa, compulsive eating)  

I An illness requiring more than two weeks’ absence from school or work? (within the last 3 years)

If you answered YES to any of the questions above, then please give details here (continue on separate sheet if necessary)  

________________________________________________________________________________________

4

Have you ever received treatment from a psychiatrist, psychotherapist or counsellor?  

Are you currently taking any medication or treatment?  

Do you have any impairment or health condition, not already mentioned above, for which you think you may require support during your education or training?  

If you answered YES to any of the questions above, then please give details here (continue on separate sheet if necessary)  

________________________________________________________________________________________

Immunisation Record – Vaccinations

Please Give Dates

Not had

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Please Give Dates</th>
<th>Not had</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (BCG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
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</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis C</td>
<td>Date/s</td>
<td></td>
</tr>
</tbody>
</table>

Prospective student should tick the relevant boxes and sign below

☐ The information I have provided on my health and capabilities is correct to the best of my knowledge and belief.

☐ I accept the conditions under which my personal data will be processed.

☐ I confirm that I have completed this health declaration form, and that I have checked this box in lieu of signature as I am unable to provide an e-signature

Signed: ___________________________ Date: ___________________________