

Dietary & Medical Information Questionnaire

This information is confidential and will be held by the person/s in charge of the fieldwork securely in case of emergency.



Duty of Care Responsibilities for Fieldwork Staff

Staff responsible for supervising fieldwork activities have a duty of care to ensure the health and safety of participants. Completing this form assists in identifying any medical condition that may impact on the ability to safely undertake fieldwork activities. Any concerns will be discussed with you in the first instance, and a risk assessment undertaken with regards to participation. Advice may also be sought from the [Corporate Health and Safety Team](#), and/or [Additional Support and Disability Advice Centre](#) (ASDAC), to confirm risk assessment considerations and discuss reasonable adjustments or alternative activities, when required.

Privacy Statement

The personal information that you provide on this form is protected by the [Data Protection Act 1998](#). The University will not disclose your personal information without your consent unless the University is under a legal obligation to do so.

Please consider the questions below. If you answer 'yes' to any of them your Fieldwork Leader, Head of Department or equivalent will arrange a meeting with you to discuss suitable support measures or adaptations that may be necessary for you to safely complete the activity. Please do not provide detailed medical information on this form; this will be discussed in confidence with your Fieldwork Leader, Head of Department or equivalent where applicable.

Do you have any special dietary requirements?
Do you have a physical, psychological or developmental condition or disability?
Are you having or waiting for treatment or investigations of any kind at the present time?
Could this treatment or investigation, or any potential diagnosis, impact on your ability to carry out fieldwork activity safely?
Are you taking, or will you be taking any medication which might affect your capacity to carry out fieldwork activities safely?
Has a doctor ever advised you not to be exposed to any particular situation, chemical or organism?
Do you need any special aids or adaptations to assist you during the fieldwork activity, including access to/from premises, regardless of whether or not you have a health condition or a disability?
Please confirm you have completed the covid-19 vaccination programme.
Please confirm you have had all relevant vaccinations for the intended destination.

DECLARATION

- ☐ I certify that to the best of my knowledge and belief my answers to this questionnaire are 'no' and I have not withheld any relevant information. I have read the fieldwork description, and risk assessment and consider myself to be mentally and physically fit for this activity.
- ☐ My answers to one or more of the above are 'yes' (excluding the covid-19 vaccination question) but I have read the fieldwork description, and risk assessment and consider myself to be mentally and physically fit for this activity. **I understand I will need to discuss this with my Fieldwork Leader, Head of Department or equivalent.**

Name:		Date of Birth:	
Email Address:		Phone number:	
Date:		Signature:	
Fieldwork Activity:		Department:	

PLEASE RETURN THIS FORM TO YOUR FIELDWORK LEADER