**Queens University Belfast**

**School of Biological Sciences**

**FIELD WORK HEALTH QUESTIONNAIRE**

Please fill out this CONFIDENTIAL Health and Safety questionnaire and return it to your supervisor - this is required both to ensure your health and safety and to comply with University policy.

Name:

**IF YOU DO HAVE A CONDITION WHICH MAY AFFECT YOUR HEALTH AND SAFETY AND DO NOT WISH TO DISCUSS THIS WITH STAFF IN CHARGE, PLEASE TICK THIS BOX**

**AN APPOINTMENT WILL BE ARRANGED IN QUB OCCUPATIONAL HEALTH TO DISCUSS THIS IN CONFIDENCE.**

**Covid-19 Yes No**

|  |  |  |
| --- | --- | --- |
| Would you consider yourself to be in any of the ‘High Risk’ categories listed in the HSC COVID-19 risk assessment?    *Risk assessment form available at*[*https://www.publichealth.hscni.net/sites/default/files/2020-05/NI%20HSCT%20Risk\_assessment\_for\_COVID\_19%20VT%20updates%20pregnancy%20and%20BAME\_1.DOCX*](https://www.publichealth.hscni.net/sites/default/files/2020-05/NI%20HSCT%20Risk_assessment_for_COVID_19%20VT%20updates%20pregnancy%20and%20BAME_1.DOCX) |  |  |
| If you consider yourself high risk to catch Covid-19, have you seen a doctor or taken any advice from a medical professional? |  |  |

**If you have answered “Yes” to any of the above questions you will not be permitted to carry out fieldwork.**

**Do you currently or have you suffered in the last ten years from any of the following:**

**Heart and Circulatory Disorders Yes No**

|  |  |  |
| --- | --- | --- |
| Heart problems (including angina, murmurs or valve problems) |  |  |
| High Blood Pressure |  |  |
| Low Blood Pressure |  |  |
| Reynaud's Disease |  |  |

|  |  |  |
| --- | --- | --- |
| If yes to any of above, does this stop you from doing physical exercise?  Please state what you would not be happy doing: |  |  |

**Medical Conditions Yes No**

|  |  |  |
| --- | --- | --- |
| Asthma |  |  |
| Diabetes |  |  |
| Epilepsy |  |  |
| Gastro-Intestinal disorder (e.g. Crohn's Disease) |  |  |
| Blood Disorder (e.g. anaemia etc.) |  |  |
| Skin conditions – specify: |  |  |

|  |  |  |
| --- | --- | --- |
| If yes to any of above, does this stop you from doing physical exercise? |  |  |
| Will you be able to control your symptoms using medication you can bring  with you to the field course (e.g. to stop an asthma attack)? |  |  |

**Psychiatric Conditions Yes No**

|  |  |  |
| --- | --- | --- |
| Depression (including bipolar) |  |  |
| Anxiety symptoms |  |  |
| Other (e.g. OCD etc.) |  |  |
| Alcoholism or other substance addiction problem |  |  |
| Do you have any medical condition that may affect your ability to cope in the  social environment of a field course? |  |  |

**Registered/ or Unregistered Disability Yes No**

|  |  |  |
| --- | --- | --- |
| Visually impaired |  |  |
| Hearing impairment |  |  |
| Ambulatory impairment |  |  |
| Other |  |  |
| Back / neck pain / condition |  |  |
| Arm or leg / foot injury |  |  |
| Arthritis or joint problems |  |  |
| Hernia |  |  |

|  |  |  |
| --- | --- | --- |
| Are you in good health? |  |  |
| Can you swim? |  |  |
| Is there anything you can think of which may affect/restrict the activities and objectives of the field trip as explained to you? |  |  |
| Is there any other information you feel would be relevant to your safety or the safety of others? If yes, please explain below: |  |  |
| Do you have any allergies?  What are you allergic to?  Click or tap here to enter text.  How serious is the allergy?  life-threatening  severe  mild (or well controlled) |  |  |

Please complete the following which we need for emergencies only:

|  |  |
| --- | --- |
| Name of student: | Click or tap here to enter text. |
| Your Mobile Phone Number: | Click or tap here to enter text. |
| Emergency Contact: | Click or tap here to enter text. |
| Next of Kin contact details (Name, address and telephone number) | Click or tap here to enter text. |

**Student Signature:** Click or tap here to enter text.

**Print Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Please return to PI/Academic Supervisor**