**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**

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| 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**

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

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| 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**

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

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| 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**

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| 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**

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

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| 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**