

# Medical Form

<b>Student name</b>		
<b>Do you suffer from any medical conditions requiring medical treatment, including medication?</b>	<b>Yes</b>	<b>No</b>
<b>If 'yes', please give details</b>		
<b>To the best of your knowledge, have you been in contact with any contagious or infectious disease, or suffered from anything in the last four weeks that may be, or become, contagious or infectious?</b>	<b>Yes</b>	<b>No</b>
<b>If 'yes', please give details</b>		
<b>Are you allergic to any medication?</b>	<b>Yes</b>	<b>No</b>
<b>If 'yes', please specify</b>		
<b>Are you allergic to anything else? (e.g. food, latex, bee stings, etc.)</b>	<b>Yes</b>	<b>No</b>
<b>If 'yes', please specify</b>		
<b>Have you received a tetanus injection in the last 5 years?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have any special dietary requirements? (e.g. Halal, Gluten-free, dairy-free, vegan, Kosher, etc.)</b>		
<b>GP Name and address</b>		
<b>GP contact number</b>		

By signing below, you confirm that you have informed Swansea College of any known medical or health issues above and you agree to inform Swansea Sixth form College in writing of any changes to your health or medical treatment as soon as possible.

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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