

Health & Fitness Curriculum Area

CAP Application Document CONFIDENTIAL

Please answer all questions in this questionnaire on your personal health. While health problems are **not usually** a barrier to entrance into the programme, it is important for Health to be aware of these and they may be discussed more fully with you. Some health problems may make it difficult for you to manage full-time study; or may prohibit your full participation in the programme. Each person is considered on an individual basis.

NAME OF APPLICANT _____

1. Do you have a current physical health condition for which you require medical/health practitioner attention?
 No Yes (Give details)

2. Do you have a current mental health condition for which you require medical/health practitioner attention?
 No Yes (Give details)

3. In the last five years have you experienced physical or mental health issues for which you have required medical attention or medication?
 No Yes (Give details)

4. Do you have a history/current issues of addiction or dependence to alcohol or other substances?
 No Yes (Give details)

5. Do you have a skin condition (eg. Eczema, dermatitis, psoriasis, boils, latex sensitivity/allergy) that currently or often affects your hands, arms or face?
 No Yes (Give details)

6. List any regular medications that you are currently prescribed (excluding oral contraceptives)

7. Please detail any other health concerns (your own or those of family members) that may affect your ability to study on the programme (eg. Skin conditions, family member with terminal illness, pregnancy).

I have completed this Health Declaration truthfully to the best of my knowledge. I understand that a false declaration may result in my programme enrolment being terminated.

Signature: _____

Date: _____