

Health & Fitness Curriculum Area

Health Declaration

Bachelor of Nursing Application Document

CONFIDENTIAL

Please answer all questions in this questionnaire on your personal health status. While health problems are **not usually** a barrier to entrance onto the Bachelor of Nursing (BN) programme, it is important the Department of Health and Fitness be aware of these. We may wish to discuss some health issues with you more fully at an interview. Some health problems may make it difficult for you to study full-time, and/or meet clinical competency a Nursing Council of New Zealand (NCNZ) requirement. Each application is considered on an individual basis.

Name of applicant: _____

1. Do you have a current physical or mental health condition for which you require medical/health practitioner attention?

No Yes (Give details) _____

2. 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) _____

3. Do you have a history/current issues of addiction or dependence to alcohol or other substances?

No Yes (Give details) _____

4. If you answered Yes to question four please give details as to how you manage this condition.

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 prescription medication that you are currently taking (excluding oral contraceptives)

7. Please detail any other health factors (your own or those of family members) that the Department need to be aware of.

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: _____