



Work Experience Health Declaration Form

Name of Student		Tutor Group	
Name of Employer			
Placement Start and End Date			

Does your son/daughter have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person? <i>If yes please indicate & comment below</i>	Yes	No
Physical disabilities		
If yes please give details:		
Allergies, e.g. nuts, penicillin		
If yes please give details:		
Skin conditions e.g. eczema		
If yes please give details:		
Asthmas or any other chest complaints		
If yes please give details:		
Hearing / Visual impairments		
If yes please give details:		
Heart conditions that affects their ability to do physical tasks		
If yes please give details:		
Diabetes / Epilepsy		
If yes please give details:		
Medication		
If yes please give details:		
Please give details of any other issues that should be considered (including emotional & behavioural) <i>(please continue overleaf if required)</i>		

Parent

This information will be shared appropriately with an employer who is offering a work experience placement.

Signed		Date	
Name <i>(please print)</i>			

Employer

I have read and acknowledge the health information above and can confirm that I will take the relevant risks into account for this placement.

Signed		Date	
Name <i>(please print)</i>		Position	
Company Name			