

## Medical Alert Self-Disclosure Form



This form helps us gather more information about your support needs.



This information will help uni 2 beyond staff in the case of an emergency on campus.



Please read and complete this form carefully with correct information.

**Questions**



1. What do you think about it?

Good

Bad

Not sure



Please tick YES or NO.

Enter more details in the boxes

when required.

## Medical considerations



Do you have a medical  
condition we should  
know about?

Yes     No

If you ticked **YES** please write down what medical condition(s) you have



Do you have any health/medical warnings we should know about  Yes  No

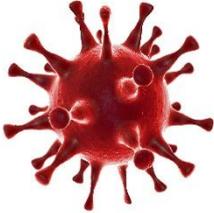
If you ticked **YES** please write down what your health/medical warnings are. Write down the instructions we should follow, if required when on campus.



Do you have any medical management plans?  Yes  No

If you ticked **YES** will you give us a copy to this plan  Yes  No

## Allergies



Do you have any  
allergies we should  
know about?

Yes     No

If you ticked **YES** please write down what you are allergic to.



Do you have an allergy  
action plan?     Yes     No

If you ticked **YES** will you give us a copy to this plan     Yes     No

## Mobility



Will you be arranging a  Yes  No

support worker to help

you with mobility while

on campus?

If you ticked **YES** please tell us what support will be organised and what this will look like.

## Emergency contact

Please provide your emergency contact details.



We will call this person in the case of an emergency on campus.



**Name:**



**Relationship to you:**



**Phone number:**