



2016 School of Veterinary Medicine Transition Year Programme Ground Rules and Health Form

HEALTH FORM: PLEASE READ CAREFULLY

1. This pupil has an illness requiring treatment/medication:

Yes No

If yes, what is the illness and the treatment required: _____

2. This pupil carries medication for his/her use:

Yes No

If yes, what is the medication required: _____

3. Please provide details in the box below of any specific health, mobility, learning or other requirements that would need to take into consideration to accommodate you, if you are selected for this programme (attach information if necessary).

4. Details of Family Doctor:

Name: _____

Address: _____

Telephone: _____

5. Contact Telephone number of student for use over the duration of the two day programme:

Name: _____ Telephone: _____

6. In the event that this student becomes ill or in case of emergency, please contact:

Name: _____ Telephone: _____

Or Name: _____ Telephone: _____

We have completed and understood the health form:

Signature of Applicant: _____

Signature of Parent/Guardian: _____