



THE UNIVERSITY OF  
MELBOURNE

# MEDICAL QUESTIONNAIRE FOR OFF CAMPUS ACTIVITIES

EHS Manual

*This checklist is to be used in conjunction with the Environment Health and Safety Manual.*

It is recommended that you inform the University of any physical or medical conditions, which may affect your comfort or safety, or the safety of others during the activity or placement. Provision of this information is not mandatory, but is designed to assist in the event of accident or emergency. Medical information shared with the University of Melbourne is subject to the Information Privacy Act 2000, Health Records Act 2001, Equal Opportunity Act 1995 and the University's Privacy Policy.

A. Activity Details:

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B: Activity Coordinator:

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C. Personal Details

Name: .....

Employee / Student Number: .....

Course & Department: .....

Address: .....

Phone: Home: ..... Mobile: .....

D. Statement of Compliance

Do you have any medical or physical conditions, which could affect your safe participation in the activity you are undertaking?                      YES / NO

Please provide any relevant details, which would be required in the event of an accident or emergency.

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The University reserves the right to deny participation in any of the activities where your physical or medical condition may affect your safe participation.

E. Consent

I consent to this information being passed to the Coordinator of the activity for the purposes of assessing the safety of my participation in this event.

Signature: .....Date: .....