# pghs2

# **Penwortham Girls’ High School**

# **Medical Questionnaire for Year 10 Work Experience**

# **The following information is required by the employer in order to provide a safe and healthy placement for your daughter.**

# ***Failure to disclose accurate information could put your daughter at risk and will result in the placement being withdrawn:-*-**

To be completed by the parent or guardian of:

Student’s Name: …………………………………………………………………..

Form: …..…………………….

|  |  |  |
| --- | --- | --- |
|  **Does she:** | **YES OR****NO** | **IF YES PLEASE DETAIL** |
| 1. have any restrictions of normal physical activity? |  |  |
| 2. need support during the period of the work placement? |  |  |
| 3. have skin allergies or eczema? (or any other allergies, e.g. to nuts?) |  |  |
| 4. have bronchitis, asthma or chest complaints? |  |  |
| 5. have a hearing disability or discharging ears? |  |  |
| 1. 6. have heart disease/any other related which would affect their capacity to carry out physical tasks?
 |  |  |
| 7. have diabetes? |  |  |
| 8. experience fits or fainting attacks? |  |  |
| 9. have a significant colour vision defect or other visual disability? |  |  |
| 10. have a learning disability which might affect their ability to understand or act on instructions? |  |  |
| 1. 11. have *any other* health problems (including the need for regular medication?)

 \* *Attach a separate sheet of paper if necessary.*  |  |  |

Signed:……………………………………………………………….Parent/Carer

Date:…………………………………………………….