

Name of Student:		Tutor / Year	
School:			
Placement period:			

The employer will need to be aware of any medical conditions that the above named student has so they can review and adjust their risk assessments accordingly, to ensure their safety.		
	<b>Yes</b>	<b>No</b>
Does the above named student have any medical conditions that the employer should be aware of? If yes please give details		
<b>Physical disabilities</b> If yes please give details:		
<b>Allergies, e.g. nuts, penicillin</b> If yes please give details:		
<b>Skin conditions e.g. eczema</b> If yes please give details:		
<b>Asthmas or any other chest complaints</b> If yes please give details:		
<b>Hearing / Visual impairments</b> If yes please give details:		
<b>Heart conditions that affects their ability to do physical tasks</b> If yes please give details:		
<b>Diabetes / Epilepsy</b> If yes please give details:		
<b>Medication</b> If yes please give details:		
<b>Please give details of any other issues that should be considered (including emotional &amp; behavioural)</b> <i>(please continue overleaf if required)</i>		

### Parent/Guardian

This information will be shared with the employer who is offering the work experience placement to the above student.

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

### Employer

I have read and acknowledge the health information above and can confirm that I will take this into account when reviewing the risks associated with this placement and adapt if necessary.

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