

This form relates to OHS Procedure – [Student Excursions](#)

SECTION 1. GENERAL

Student's Name	Date of Birth
Course of Study	Unit Code
Name of Staff Member in Charge	Phone Number of Staff Member in Charge

SECTION 2. HEALTH REPORT

Do you have any of the following or other medical conditions (tick boxes as applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures or fits of any type |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Anaphylaxis or allergy of any type | <input type="checkbox"/> Migraine |

Other medical conditions/allergies

Describe any special care or medication required

Medicare No

Ambulance Membership No

Private Health Cover

☐ Yes ☐ No

Fund Name

Membership No

In case of emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.

☐ Yes

☐ No

SECTION 3. EMERGENCY CONTACT PERSON during the excursion(s)

Name

Address

Telephone (Work)

Telephone (Home)

Telephone (Mobile)

Email

SECTION 4. SIGNATURE

Signature of Student

Date

Important: Students must report as soon as possible any change that may affect the validity or currency of the above information.

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of best managing any health or safety emergency that may involve you during excursions. Other purposes of collection include eliminating or minimising the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. If you choose not to complete all the questions on this form, it may not be possible for University staff supervising the excursion to provide the best possible response to any emergency involving you or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@federation.edu.au

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Head – Health, Safety and Wellbeing

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