

**THIS COMPLETED FORM IS TO BE RETAINED BY  
EMPLOYER**

**Work Experience Health Questionnaire**

**Student Name**..... **Form**.....

If you answer yes to any of the questions, please provide further details of the condition on this form or an extra sheet of paper.

	No	Yes
Have a hearing impairment ?		
Have a visual impairment ?		
Have food, skin or other allergies ? e.g. nuts or penicillin allergy		
Have any restrictions of normal activities or exercise ? e.g. bronchitis or asthma		
Have any other health problems (including the need for regular medication) ?		
Requires assistance with understanding and acting on instructions ?		

This information will be passed on to your son/daughter's work experience placement for their confidential use. Please note that the local authority and the school cannot be responsible for any eventuality arising if you do not provide essential health information that is accurate or up to date. If there is any change in your son/daughter's health condition, prior to commencing the work experience placement, you will need to notify us in writing as soon as possible.

**Parental name**:.....

**Parental signature**:.....

**Date**.....