CHARLES DARWIN UNIVERSITY

Field Placement Medical Declaration

GEN114 Last updated November 2015

Student Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

☐ Other

Surname

Given Names

Preferred Name

Gender ☐ Male ☐ Female ☐ Indeterminate/ Intersex/Unspecified

Date of Birth (DDMMYYYY)

Are you an International Student? ☐ Yes ☐ No

Postal Address (must be completed by all students)

Number & Street or PO Box

Suburb / Town

State Postcode

Country (if outside Australia)

Home Phone

Work Phone

Mobile Phone

Email

Have you activated your student account?
All correspondence sent to students by CDU will be sent to the student's official CDU email address.

Course Code Campus/Centre Course Mode ☐ Internal ☐ External ☐ Mixed

Course Name

Emergency Contact (This must be completed by all students)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

Other

Surname

Given Names

Relationship to student?

Contact email

Street address

Suburb / Town

State Postcode

Country (if outside Australia)

Contact number

Mobile Phone

Description of activity

Unit code

Supervisor name

What is the nature and location of the field work?

Do you have any health concerns regarding the proposed field work, such as;

Epilepsy/Fitting	Yes ☐ No ☐	Dizziness/Problems with balance	Yes ☐ No ☐
Asthma/Lung/Respiratory problems	Yes ☐ No ☐	Migraines/Persistent Headaches	Yes ☐ No ☐
Visual/Eye problems	Yes ☐ No ☐	Hearing difficulties	Yes ☐ No ☐
Chest/Heart problems	Yes ☐ No ☐	Circulatory problems	Yes ☐ No ☐
High/Low Blood Pressure	Yes ☐ No ☐	Muscular/skeletal problems	Yes ☐ No ☐
Allergies	Yes ☐ No ☐	Other	Yes ☐ No ☐

If yes to any of the above, please specify;

I hereby declare that the above information is true and correct. I state I have no impediment that would restrict me in undertaking the full range of duties of the proposed field work.

Student Signature: Date: / /

Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909. Fax (08) 8946 6642
Email: student.central@cdu.edu.au

OFFICE USE ONLY		
Received:	Processed by:	**Supervisor**
		Name:
	Date:	Signature:
		Date:
Comments		
Trim Number	**STU**	