

WIO STUDENT MEDICAL DECLARATION

To be completed by the **student** and signed by a **parent/ guardian**
Application approval is subject to medical clearance by WIO Safety Committee.



Please note that many WIO programmes operate in remote areas with limited access to medical resources and facilities. **If you have ANY pre-existing medical or behavioural conditions, please provide as much detail as possible. Thank you.**

Do you have any medical conditions? E.g. asthma, epilepsy, diabetes. **YES/NO**

Details:

Do you have any allergies? E.g. bee or wasp stings, penicillin, certain foods. **YES/NO**

Details:

Do you have any mental health concerns? e.g. anxiety, depression (or history of) **YES/NO**

Details:

Are you taking any medication? If you answer yes, please state medications and advise if you require assistance with taking medication. **YES/NO**

Details:

Do you have any current or previous injuries or illnesses, which may affect your participation? E.g. dislocations, back injuries, sprains, broken bones, glandular fever, pneumonia etc. **YES/NO**

Details:

Do you have any special dietary requirements? E.g. vegetarian **YES/NO**

Details:

On a scale of 1 to 5 how would you rate your overall fitness? Please circle: 1 = Very unfit / 5 = Super fit

1 2 3 4 5

Are you a confident swimmer? **YES/NO**

Details:

Is there anything else we should know about you? For example, do you have any individual learning needs or other considerations that we need to be aware of? E.g. dyspraxia, aspergers, dyslexia, fear of heights, claustrophobia etc **YES/NO**

Details:

If medical or behaviour information is not declared, WIO reserves the right to not accept students on arrival or may depart students prior to programme completion.

By signing this form, you agree that the medical declaration information provided is accurate and complete. You also agree that you have read and understood the risk management, behaviour and media consent declarations (Refer page 1 of Application Form)

Student Name: _____ **Signature:** _____ **Date:** _____
Parent Name: _____ **Signature:** _____ **Date:** _____