



THE PROMISE FOUNDATION

For mental health, education and potential realisation

Fieldwork Medical Information Sheet

[This information is confidential and will be held by the person in charge of the fieldtrip with a copy held by the Director, The Promise Foundation]

Duty of Care responsibilities for The Promise Foundation Fieldwork Supervisors

Under the OHS Code 2020, the Foundation is responsible for ensuring that the health and safety of participants in Fieldwork is not put at risk as a result of participation in these activities. The Director of the Foundation may delegate the responsibility of supervising Fieldwork activities to a leader in the field.

Completing this form assists the Foundation in identifying medical condition that may impact your ability to **safely undertake** fieldwork activities. We will discuss any concerns with you in the first instance, and a risk assessment may be undertaken with regards to participation.

Privacy Statement

The personal information you provide on this form is protected under the Foundation's Confidentiality Policy. The Foundation will not disclose your personal information without your consent unless we are under legal obligation to do so.

2. Identification Information	
Surname:	Given name:
Indicate: Undergraduate Postgraduate Staff Other	
Mobile Number:	WhatsApp:
Telegram:	Signal:

1. Emergency Contact Details	
Contact Person	Relationship:
Mobile Number:	WhatsApp:
Telegram:	Signal:
Email:	
Doctors Name:	
Contact Number:	

5. Medical Questionnaire

3.1 Are you required to take any medication that might impair your ability to carry out your duties in the field? (e.g. medication that induces drowsiness)

Details:

3.2 Do you have any pre-existing medical conditions that may impact on your health and safety in the field or impair your ability to carry out your duties in the field? (e.g. allergies, diabetes, back pain) [including details of medication carried?]

Details:

4. Allergy / Condition Questionnaire

Do you have any allergies to the following (please provide details). Are you carrying the necessary medication to counteract the allergy such as [EpiPen](#), [Allegra](#), [Avil](#).

Medication:

Animals:

Pollens:

Environmental (e.g. sun)

Insects (e.g. bee stings):

Other:

Foods:

3. Authorisation

The information provided on the form is correct, to the best of my knowledge I will follow the fieldwork guidelines which I have read and understood.

Signed _____ Dated: _____