

**THE PINGLE ACADEMY: WORK EXPERIENCE – MEDICAL FORM**

Please complete the following questions by ticking the appropriate boxes, sign and hand the form to the **PLACEMENT PROVIDER**. It is essential that accurate & relevant information is given.

**STUDENT:** ..... **FORM:** .....

**Does your child suffer from any of the following:-**

*(Please give more details below)*

	YES	NO
Migraines		
Mobility problems or restrictions of normal physical activity or games		
Skin allergies or eczema (or any other allergies e.g. to nuts)		
Asthma or other chest complaints		
Hearing problems		
Heart problems or disease affecting their capacity for physical tasks		
Diabetes		
Epilepsy or experience fits or fainting attacks		
Wears glasses or contact lenses		
Significant colour vision defect or other visual disability		
Learning disability which might affect their ability to understand or act on instructions		
Other health problems (including the need for regular medication)		

Other relevant information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNED BY:** ..... **PRINT NAME:** .....  
*(Parent/Carer)*

**DATE:** .....

**PLEASE GIVE THIS FORM TO THE PLACEMENT PROVIDER**