**Liverpool Hope University**

**Health and Safety in Fieldwork Code of Practice**

**Travel Health Questionnaire**

The purpose of this questionnaire, which complies with the Equality Act 2010, is to assist Liverpool Hope University meet its statutory duty to ensure the safety of its staff and students.

The Fieldwork Leader needs to know of any health conditions or disabilities that may affect you, so they can discuss with you the support that you need to participate in the Fieldwork trip to ensure that you are not put at risk.

|  |  |  |
| --- | --- | --- |
| 1. Do you need any special aids/adaptations to assist you, whether or not you have a disability? | Yes | No |
| 1. Do you have a medical condition or disability which may affect your ability to carry out activities on the fieldwork trip? | Yes | No |
| 1. Are you having or waiting for medical treatment of any   kind at present? (includes medication) | Yes | No |
| 1. Do you need to take any medication? | Yes | No |
| 1. Do you have any back, neck or joint problems causing   difficulty with standing, walking, bending, lifting or stair climbing? | Yes | No |
| 1. Do you have a current Learning Support Plan in place? | Yes | No |

If you have answered yes to any of the above questions, please provide further information below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I confirm that the declaration provided above is correct to the best of my knowledge**  **and understand that by making a false declaration I could put myself or others at risk.** | | | | | |
|  |  | | | | |
|  | Full Name: |  | | | |
|  |  |  | | | |
|  | Date of Birth: |  |
|  | Signed: |  | | Date: |  |
|  |  | | | | |
| **Please return to the Fieldwork Leader** | | | | | |