

MEDICAL INFORMATION FOR THE CHURCHILL COLLEGE NURSE

Please help us by providing some preliminary information about your health. The aim is to ensure that your Cambridge life is hindered as little as possible by disability or ill health. Any medical information provided to the College Nurse will be held in accordance with the principles of medical confidentiality (except for information relating to food allergies, which will be shared as necessary with catering staff) and in accordance with the College's policies and procedures issued under the Data Protection Act 1998. No information is shared with third Parties, unless in extreme circumstances in line with general medical practice. **PLEASE CIRCLE YES OR NO:**

1. Have you received any of the vaccines below?

Tuberculosis (BCG) (YES/NO) Date----- **Poliomyelitis** (YES/NO) Date -----
Meningitis C (YES/NO) Date ----- **Meningitis ACWY** (YES/NO) Date-----
Rubella (girls only) (YES/NO) Date----- **Pneumococcal pneumonia** (YES/NO) Date-----
MMR (x 2 doses) (YES/NO) Dates ----- / -----
Tetanus (YES/NO) Dates ----- ***DPT** (YES/NO) Dates-----

2. Do you have any **serious allergies** (including food)? (YES/NO) Specify:-----

Do you carry medication for this?(YES/NO) **Adrenaline Pen** (YES/NO) **Antihistamine?** (YES/NO)

Have you been seen by a specialist (Allergist) and received:

- (a) **advice on avoidance** (YES/NO)
- (b) **advice on management of a reaction** (YES/NO)
- (c) **a written emergency treatment plan** (YES/NO)

May we have permission to inform the Porters' & (if food) Kitchens of your allergy? (YES/NO)

3. Do you suffer from:

Asthma (YES/NO) If yes, please state which inhalers you use-----

Diabetes (YES/NO) If yes, please state if you take tablets and/or insulin-----

Epilepsy (YES/NO) If yes, please state which medication-----

(May we have permission to inform the Porters of your medical condition above?) (YES/NO)

4. Do you have or have you ever had:

Glandular Fever (YES/NO) Date----- **An Eating Disorder** (YES/NO) Date -----

Rheumatic Fever (YES/NO) Date ----- **Malaria** (YES/NO) Date-----

M.E. (YES/NO) Date ----- **Any other medical information** (e.g. partial deafness, colour blindness or **depression**, or any other **psychiatric history**, operations, **regular medications** etc.

----- **WEIGHT KG**-----**HEIGHT CM**-----

Full Name-----**Date of Birth**-----

SIGNATURE-----**DATE**-----

It may be in your interest for your Tutor to also to have a copy of this information, which she/he will treat as confidential. We strongly advise that you permit this, so that the College is fully informed in the case of an emergency. But if you do not wish to do so, please tick below.

I do **not** wish my Tutor to be given a copy of this information (please tick)

College Rule: ALL UNDERGRADUATES MUST REGISTER WITH A CAMBRIDGE DOCTOR & SEE COLLEGE NURSE, WITHIN 48HRS OF ARRIVING IN COLLEGE, IF YOU HAVE SERIOUS ALLERGY OR CONDITION. THOSE WITH DISABILITIES; PHYSICAL, OR RECURRENT MENTAL HEALTH, ARE ADVISED TO CONTACT THE DRC: <http://www.disability.admin.cam.ac.uk/about-us/contact-us>

* **DPT** is a triple vaccine: **diphtheria, pertussis (which is whooping cough) and tetanus**

****MMR** is: **measles, mumps and rubella.**