

**STUDENT APPLICATION FORM (continued) -  
MEDICAL CONDITIONS AND SUPPORT REQUIRED:**

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Are you visually impaired? YES / NO

If yes, do you use a long cane? YES/NO

Are you hearing impaired? YES / NO

If yes, do you have a hearing aid / implant? YES/NO

**DETAILS OF GP**

Name	
Address	
	Telephone:

**DETAILS OF HOSPITAL CONSULTANT / SPECIALIST**

Name	
Name and address of hospital	
	Telephone

Why do you have appointments with this consultant? \_\_\_\_\_

**MEDICATION – please include any PRN (as required) and emergency medication**

Name of medication and dosage	Time to be taken	For what condition do you take this medication?

Do you need help to take your medication? YES /NO

If yes, what support do you need? .....

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Have you ever had Hepatitis B? YES/NO

If yes, please detail .....

Have you been inoculated against Hepatitis B? YES/NO

Do you have any allergies? YES/NO

If yes, please detail .....

If yes, are you prescribed an EpiPen? YES/NO

Do you have any phobias? YES/NO

If yes, please detail .....

Can the nurses at Queen Alexandra College contact your GP or previous school if further information about your health needs is required? YES / NO

**MOBILITY/PHYSIOTHERAPY**

Are you currently having Physiotherapy? YES/NO

If yes, how frequently? .....

Contact details of current Physiotherapist.....

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Do you use a wheelchair? YES/NO manual / powered

If manual, can you self-propel without support? YES/NO

If powered, can you operate the wheelchair independently? YES/NO

Do you use a walking aid or standing frame? YES/NO

If yes, what do you use? .....

Will this equipment need to be used in college? YES/NO

If yes, has it been serviced in the last 12 months? YES/NO

Do you wear splints, insoles or orthotic shoes? YES/NO

If yes, which type? .....

Do you need to use a hoist to transfer? YES/NO

Do you need any other assistance to transfer, i.e. a handling belt? YES/NO

Do you need physical assistance to use the toilet? YES/NO

If yes, please detail.....

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## EATING, DRINKING AND DIET

Do you have any special dietary requirements? YES/NO

If yes, please detail .....

Do you need assistance with eating and drinking? YES/NO

If yes, please detail .....

Do you have a diagnosis of Dysphagia? YES/NO

If yes, do you have a care plan/protocol? YES/NO

Do you require a Speech & Language assessment? YES/NO

## OCCUPATIONAL THERAPY

Do you require an Occupational Therapy Sensory assessment?

YES/NO

Do you require any specialist equipment to support you in the classroom,  
such as chairs and desks?

YES/NO

If yes, please detail.....

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