Marcus Oldham College
Provider No 3155

ACADEMIC FORM

STUDENT MEDICAL INFORMATION

Document ID: FORM-007

The information provided on this form is necessary for the College to ensure both your well-being and safety, and that relevant college staff are aware of current medical conditions that may arise during the course of your stay at Marcus Oldham. Please be assured that the College in no way discriminates against students who may be affected.

All information collected and held within Marcus Oldham College shall only be used for the primary purpose for which it was collected. Information is securely held by the Student Services Officer and only disclosed to academic or administration staff as required.

Name: PAVEL ALEXANDROV

Do you have any special dietary requirements: ☐ Vegetarian ☐ Gluten intolerant

Other: N/A

Are you affected by any of the following (tick as appropriate):

- **Health Related**

☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Other (please name condition) N/A

Please detail how you manage your condition: .....

.....

- **Learning Related**

☐ Dyslexia ☐ Hearing Impaired ☐ Sight Impaired ☐ ADD ☐ Autism

Other (please name condition): N/A

- Have you previously received learning assistance in an educational program? ☐ Yes ☑ No

If Yes, please detail the type of assistance provided: .....

.....

Please attach copies of any work completed under a literacy or numeracy assistance program.

☐ Tick box if you wish to talk to a Course Director concerning any literacy or numeracy program that you feel would assist your study at Marcus Oldham College.

Do you have an allergic reaction to anything? ☐ Yes ☑ No

If Yes, please note below, together with appropriate treatment, if necessary:

.....

.....

Name of Hospital/Medical Fund: .....

Membership Number: .....

Ambulance Service Member: ☐ Yes ☐ No Membership No. .....

In the event of illness or accident I authorise the person in charge, where it is impracticable to communicate with my next of kin, to consent to such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified Medical Practitioner.

Signature: ..... Date 08/12/05