



Sidney Sussex College
 Cambridge, CB2 3HU
 Registered Charity Number 1137586

COLLEGE GRADUATE HEALTH QUESTIONNAIRE

So that the College Nurse can be aware and make sure that any appropriate action, with your consent, is taken into consideration for pre-existing conditions or if any medical conditions should arise whilst at the College, please complete the questionnaire below. The information that you provide will be kept strictly confidential.

This form must be completed and returned in the provided envelope to the Porters' lodge for delivery to the college nurse Jenny Taylor, as soon as possible and no later than two weeks after receipt of the form. A labelled envelope is included for data confidentiality purposes.

Personal details:

First name: _____ Last name: _____
 Email: _____@cam.ac.uk Mobile telephone: _____
 Date of Birth: _____ Entry year: October 2017

Please indicate here whether you are willing for aspects of your medical history to be passed on in confidence to others who might also need to be aware of them (delete as appropriate)

WILLING / NOT WILLING

Signature _____ Date _____

Please provide details of two significant others (relative, friend or other) with whom contact can be made in case of an emergency or other urgent circumstance (such as illness, injury, hospital admission or other). Please note that completion of these details and submission of this form will be taken as your consent to contact the persons listed

Name: _____ Address: _____
 Mobile: _____ Landline: _____ Relationship: _____
 Name: _____ Address: _____
 Mobile: _____ Landline: _____ Relationship: _____

Personal Medical Information:

NHS Number (if applicable) _____ Height: _____ Weight: _____

Do you smoke? Yes/No If Yes, how many per day? _____

How many units* of alcohol do you drink in an average week? _____

*a unit is approximately one 125ml glass of wine/half pint of beer/one single measure of spirits.

MEDICAL CONDITIONS:

Please list any past or ongoing medical conditions, disabilities or serious operations, giving an approximate year of diagnosis/operation

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

If yes, please give further information below, including details and approximate date of any hospital admissions, and any prescribed medication given to you at the time

Anorexia/Bulimia YES / NO Anxiety/Depression YES / NO Asthma YES / NO

Heart Disease YES / NO Epilepsy YES / NO Diabetes YES / NO

If diabetic, are you insulin dependent? YES / NO Do you carry glucagon? YES / NO

MEDICATION

Please list any medication (including inhalers) that you take or use

VACCINATIONS: please ascertain from a parent/guardian/home GP whether you have been vaccinated against:

MenACWY YES / NO

Have you had a Polio booster in the last 5 years? YES / NO

B.C.G. (anti-TB) YES / NO

Rubella immunity:

Tetanus in the last 10 years YES / NO

Have you had Rubella (German Measles)? YES / NO

Mumps/MMR vaccine YES / NO

Have you been vaccinated against Rubella? YES / NO

ANY OTHER RELEVANT MEDICAL INFORMATION (continue on separate sheet if necessary)

FOOD AND OTHER ALLERGIES

Are you allergic to any medicines, insect bites, or to any foods, or other substances? If yes please give brief details here:

If you carry adrenaline or other medication for emergency administration the Porters, Catering and other relevant College staff must be aware. Please sign here to give permission for this if relevant _____

Have you ever been advised to carry Adrenaline 1:1000 (an *Epipen*) for emergency administration? YES / NO

If you are allergic to food have you been seen by a specialist (Allergist) and received:

(i) Advice on avoidance? YES / NO

(ii) Advice on management of a reaction? YES / NO

(iii) A written treatment plan? YES / NO

Please return to the College Nurse as soon as possible
FAO Mrs Jenny Taylor, Sidney Sussex College, Sidney Street, Cambridge, CB2 3HU
Thank you



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Important Information for you to keep

CAMBRIDGE GP (DOCTOR) REGISTRATION

- The College requires you to register with a Cambridge doctor by the end of your first week in Cambridge. Lists of Cambridge doctors can be on the Tutorial Office noticeboard on B staircase and outside the Garden Court Health Centre.
- You should take the following to the doctor when you register:
 - Your NHS card and/or your NHS number (if you are already registered with a GP elsewhere in the UK)
 - The name and address of your most recent GP in the UK, if you have one
 - A copy of your immunisation record (which can be obtained from your GP)
 - If you are from outside the United Kingdom, you will need your passport.

COLLEGE NURSE

- The College Nurse is available Monday-Friday during Full Term (and one week either side) in the Health Centre, Ground Floor, Garden Court; no appointment is necessary. Surgery hours are displayed outside the Health Centre and are available on the website at <https://www.sid.cam.ac.uk/current/everyone/health>.

HEALTH MANAGEMENT

- If you have a serious or chronic condition, which requires hospital monitoring, you should check with your hospital consultant or GP to find out whether you need referral to Addenbrooke's Hospital in Cambridge before coming into residence this October. This can minimise delays in treatment.
- Students from outside the EU with ongoing treatment needs should have suitable medical insurance and should bring sufficient medication with them, as it may not be available in the UK.