

MED-SOC MEDICAL QUESTIONNAIRE

This questionnaire must be placed into the lanyard and worn all day

Participant First Name		Participant DOB	
Participant Surname		Participant Age	
I have not had COVID symptoms in the past 14 days? (Tick)		I have not come into contact with a person who has tested positive in the last 14 days? (Tick)	
Do you have any medical conditions? If so please state:			
Do you take any medicines ?If so please state:			
Are you carrying any medicines today? If so please state which and when/how they are taken:			
Do you have any known allergies we need to be aware of? If so please state:			
Are you allergic to penicillin?			
YES / NO / DON'T KNOW			
Please give the name and contact details for your GP should the emergency services require them:			
Please provide the names of <u>TWO</u> emergency contacts that are available today			
Emergency contact name (1)			
Emergency contact number (1)			
Emergency contact name (2)			
Emergency contact number (2)			
Emergency contacts should be contactable all day until the event finishes and the student is collected.			
Legal parent/guardian full name			
Legal parent signature			

