

Surname	
Forename	
Date of Birth	
Address	
Mobile Number & Email Address	

## **Health and Functional Capabilities**

## Do you have problems with any of the following?

	YES	NO
Mobility - e.g. Walking, using the stairs, balance		
Agility - e.g. Bending, reaching up, kneeling down		
Dexterity – e.g. Getting dressed, writing, using tools		
Physical exertion -e.g. Lifting, carrying, running		
Communication – e.g. Speech, hearing		
Vision – e.g. Visual impairment, colour blindness, tunnel vision		
Learning – e.g. Dyslexia, Dyspraxia, Dyscalculia		
Have your ever required special arrangements at school/work to accommodate		
an impairment or health problem?		
Skin conditions – e.g. Eczema, Psoriasis		
Neurological disorders – e.g. Epilepsy, Multiple Sclerosis		
Allergies – e.g. Food, medicines, latex		
Endocrine disease –e.g. Diabetes		
Sudden loss of consciousness – e.g. Fit or seizure		
Chronic fatigue syndrome		
Mental health problems – Anxiety, depression, phobias, OCD, personality		
disorder, drug overdose, self-harm, drug or alcohol dependency		
Eating disorder – e.g. Anorexia, bulimia,		
Have you received treatment from a Psychiatrist, Psychotherapist or Counsellor?		
Do you have any other health condition that would affect your ability to train or practice as a vet?		

Please return forms to - <a href="mailto:ohu@admin.gla.ac.uk">ohu@admin.gla.ac.uk</a> or the below address:

Occupational Health Unit 63 Oakfield Avenue Glasgow G12 8LP

Tel: +44 (0)141 330 7171 Fax: +44 (0)141 330 3578

The University of Glasgow, charity number SC004401



	condition developed, severity, effects, treatments, medications.
Pleas	se continue on a separate sheet of paper if more space is needed.

This form is kept with your confidential Occupational Health records and is accessed only by the Occupational Health staff. This form is kept for six years after you leave/graduate, and you are entitled to have a copy of this

How we use your Data

information if you request this.