

**UNIVERSITY COLLEGE BIRMINGHAM
MEDICAL FORM**

It is vital that you complete **all** sections carefully and in as much detail as possible

Surname: First Names:

Age: Date of Birth:/...../..... Nationality:

Course:

Permanent Address: Tel. No:

.....

Temporary Address: Tel. No:
(if applicable)

.....

Emergency Contact: Tel. No:

.....

Relationship:

Medical Statement

Do you take any medication? YES NO (circle as appropriate)
(e.g. Ventolin)

If YES, please provide **full details**:

.....

.....

Have you had any recent surgery/treatment? YES NO

If YES, please provide **full details**:

.....

.....

Do you have a medical condition that requires you to visit your doctor/hospital regularly during
College hours? YES NO

If YES, please provide brief details

.....

.....

Doctors Name: Tel. No:

Any special dietary requirements:

Signed : Date:

The details given on this form will be kept in accordance with Data Protection Legislation. The information given will be used for the sole purpose of ensuring staff are aware of any medical issues that may have an impact on your studies and to provide contact details in case of an emergency. The form will be kept secure and destroyed after a period of 1 year. No personal information will be shared with any third party without your permission. UCB's privacy notices and Data Protection policy can be found at <https://www.ucb.ac.uk/about-us/data-protection-resources-gdpr/>