



University of Edinburgh
School of GeoScience
Personal Details and Declaration Form

Course No. and Title:

To participate in a departmental field trip you must complete and sign the following health declaration form.

In the majority of cases the information provided by you in this, your "Health Declaration", will be sufficient, when reviewed by Course Leader / School H&S Department to pass you as medically suitable for your field trip. Some students however may be required to discuss information contained in their Health Declaration in further detail with a Doctor or travel health adviser and may subsequently require a medical examination.

Additionally you may need to arrange an appointment for your travel advice and any recommended vaccinations if required.

Please note any medical details supplied will remain confidential to Course Leader / School H&S Department and no information will be provided to others without your informed consent.

PERSONAL DETAILS

Surname: _____ First Name: _____
Home Address: _____

Tel No: _____ Date of Birth: _____

Matric No. _____
Passport No*: _____ European Health Card* Yes No

* Only applicable if going abroad.

NEXT OF KIN DETAILS (PERSON TO BE CONTACTED IN CASE OF EMERGENCY)

1. *Principal Contact:* Name: _____ Relationship to you: _____
Address: _____
Tel (Day): _____ Tel (Evening): _____ *Give full dialling codes

2. *Second Contact:* Name: _____ Relationship to you: _____
Address: _____
Tel (Day): _____ Tel (Evening): _____ *Give full dialling codes



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Please list any special circumstances which affect your capability to undertake any of the work of the excursion on any day. Failure to do so may invalidate the insurance and may result in you paying medical / travel costs.

Please list any allergies / special dietary requirements you may.

Declaration:

I certify that my answers to the questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result reconsideration of my suitability to travel. If between now and my due date of departing, my medical circumstances should change, I undertake to seek medical advice regarding my suitability to travel.

I undertake to inform the Trip Leader as soon as possible of any change in my medical circumstances between the date signed and the beginning of my Field Trip/Study /Work Abroad.

Signed: _____ Date: _____

Full Name: _____
(Capitals)