

# Medical Information



Name: \_\_\_\_\_

BA PTM1

From a safety point of view, it is vital that the Head of Production is aware of any medical conditions that might affect your studies while you are at the Conservatoire.

Please complete the information below, ticking whether you suffer (or have ever suffered from) any of the conditions listed.

Condition	Currently Suffer	Previously Suffered
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo	<input type="checkbox"/>	<input type="checkbox"/>
Spinal or back problems	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or other breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the above boxes, please provide more details below.

I confirm that I will make the Head of Production aware immediately if I am diagnosed as suffering from any of the above conditions

**Signed:** ..... **Date:** .....

This information will be treated in the strictest confidence and will not be divulged to any other individuals or third parties without your prior consent.

**We take your privacy very seriously. Please find a copy of our Privacy Notice at: [www.rcs.ac.uk/policy/privacy](http://www.rcs.ac.uk/policy/privacy)**

Please return immediately to Grace Dunn, BAPTM Programme Support Administrator at [g.dunn@rcs.ac.uk](mailto:g.dunn@rcs.ac.uk)

**Academic Year 2023/24**