

Work Experience Student Health Questionnaire

Henley-in-Arden School

'Achieving Excellence Together'

Email: admin@henleyschool.com Tel: 01564 792364



**Work
Experience
Need to**

Know Health Issues

Name of student:
Name of employer:
Dates of work experience: From: _____ To: _____

If you answer YES to any of the questions, please provide further details of the condition on this form or on an extra sheet of paper.

	NO	YES
Have any restrictions of normal activities or games? E.g. bronchitis or asthma		
Have food, skin or other allergies? E.g. eczema, nuts allergy, penicillin allergy		
Have a hearing impairment?		
Have a visual impairment?		
Have any other health problems? (including the need for regular medication)		
Requires assistance with understanding and acting on instructions		

This information will be passed on to your son / daughter's work experience placement for their confidential use. Please note that Warwickshire Local Authority and Henley High School cannot be held responsible for any eventuality arising if you do not provide essential health information.

Signed:.....

(Parent / Guardian)

Please return this form to Mrs D Reynolds in the Pastoral office.