



## Medical Declaration

Full Name:

Student ID (if known):

Self-disclosure: Medical (please read carefully and   tick the appropriate box(es)

I declare that to the best of my knowledge I have no known medical condition(s) (mental or physical) which will impact on my ability to practice safely in the practice context.

I declare that I have the following medical condition(s) (mental or physical) identified below and that they **will not** impact on my ability to practice safely in the practice context. If none, please put N/A and tick the box.

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I declare that I have the following medical condition(s) (mental or physical) listed below and that they **may** impact on my ability to practice safely in the practice context. If none, please put N/A and tick the box.

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I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my enrolment may be terminated. Furthermore, I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

I understand Unitec Institute of Technology requires this information to ensure the safety of patients, public and staff in veterinary clinics where I may be completing practical experience.

If you are unable to complete this declaration, please contact the Academic Leader – Animal Health, Laura Harvey at [lharvey@unitec.ac.nz](mailto:lharvey@unitec.ac.nz), or on (09) 892 8490

### Privacy Act

Pursuant to Principle 11(d) of the Privacy Act 1993, I agree to the disclosure and use of the information on this form (and supporting information) by Unitec Institute of Technology to veterinary clinics where I may be completing practical experience.

I understand that I have the right to access and correct any of my personal information held by Unitec Institute of Technology, and am required to update the information held about me should this change at any time I am studying at Unitec.

Signature Date

