

It is recommended that you inform the University of any physical or medical conditions, which may affect your comfort or safety, or the safety of others during travel and/or an off campus activity. This information is designed to assist in the event of accident or emergency. Medical information provided to the University of Melbourne is subject to the University's [Privacy Policy \(MPF1104\)](#).

INFORMATION ABOUT THE TRAVEL/OFF CAMPUS ACTIVITY

| | |
|-------------------------------------|--------------------|
| Traveler's name: | Staff/Student No.: |
| Supervisor: | Dates: |
| Destination: | |
| Reason for travel/activity details: | |

MEDICAL DECLARATION

Do you have any medical or other conditions, which could affect your safe participation in the activity you are planning to undertake?

Yes No

If yes provide a medical report confirming capacity and any physical or other restrictions that are relevant to your safe participation.

I consent to this information being passed to the Coordinator of the activity for the purposes of assessing the safety of my participation in this event.

Signature:

Date: