



## PROSPECTIVE VETERINARY STUDENT HEALTH ASSESSMENT 2025

### Information to prospective students

Following the offer of a conditional/firm place to study veterinary medicine at the University of Cambridge, we are committed to ensuring equality of opportunity for students with impairments and health conditions. Your answers to this health questionnaire will help to ensure that your veterinary training will not place your health at risk and will also help to determine, in terms of fitness to fulfil the requirements of the Royal College of Veterinary Surgeons (RCVS), your suitability to work as a veterinary surgeon.

The School/College will provide all reasonable support to enable students with impairments and health conditions to complete the course.

If you have a condition which would make it impossible for you to work safely as a veterinary surgeon or to acquire the skills necessary to complete training, even with adjustments and support, then it may be the case that you cannot be accepted to study veterinary medicine. In this circumstance the University will endeavour to offer you a place on an alternative course. You should not assume however, that your impairment or health condition will prevent your take-up of a place and we would be pleased to speak with you at the earliest opportunity about any concerns you may have.

As a potential future veterinary surgeon you have a duty to provide all relevant and accurate information to the University of Cambridge Occupational Health Service where it will be held in confidence. The College Admissions Tutor will only be informed of the implications of any health problem or disability for your training needs with your consent; including the need for making reasonable adjustments or providing other support.

Please start by completing Section 1 and go on to each of the following questions in Section 2 and, in the case of positive answers, provide additional information in the space provided (attaching further details on a separate sheet where necessary). If you require special aids or have special needs, please give details of these and indicate whether they have already been discussed during the admissions process. If not, please contact your College Admissions Tutor and/or the University of Cambridge Accessibility and Disability Resource Centre (ADRC):

tel: +44(0)1223 332301

email: [disability@admin.cam.ac.uk](mailto:disability@admin.cam.ac.uk)

Following this, complete the declaration and post the document to the University of Cambridge Occupational Health Service, 16 Mill Lane, Cambridge, CB2 1SB, or email to: [OccHealth@admin.cam.ac.uk](mailto:OccHealth@admin.cam.ac.uk)

If you require further information or have any questions, contact the University of Cambridge Occupational Health Service email: [OccHealth@admin.cam.ac.uk](mailto:OccHealth@admin.cam.ac.uk) or tel: +44(0)1223 336594

Further information on veterinary surgeons essential competencies and disability guidance can be found here <https://animalowners.rcvs.org.uk/veterinary-careers/i-want-to-be-a-vet/> [from the Royal College of Veterinary Surgeons website]

Please return the completed Health Assessment Form [OHF16] to Occupational Health Service by **Friday 28 March 2025**

## Data Protection Information

If you join the University of Cambridge this questionnaire will form the basis of your Occupational Health record.

If you do not join, your questionnaire will be destroyed.

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

You may obtain access to your Occupational Health record at any time by contacting:

Occupational Health  
16 Mill Lane  
Cambridge  
CB2 1SB

Tel: +44 (0) 1223 336594  
Fax: +44 (0) 1223 762948  
Email: OccHealth@admin.cam.ac.uk

## Section 1 – Personal Details

Surname ..... Title .....

First name ..... Middle name(s) .....

Preferred name ..... Date of Birth .....

Contact Address .....

..... Post code .....

Telephone Numbers Home ..... Mobile .....

E-mail address .....

GP Name and Address .....

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GP Telephone number .....

NHS number (if known) .....

## Section 2 - Health and Functional Capabilities

1. Do you have problems with any of the following?	
a. <b>Mobility</b> e.g., walking, using stairs	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. <b>Agility</b> e.g., bending, reaching up, kneeling down, maintaining balance	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. <b>Dexterity</b> e.g., writing, using tools	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. <b>Physical exertion</b> e.g., lifting, carrying	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. <b>Communication</b> e.g., speech	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. <b>Hearing</b> e.g., deaf, hard of hearing, tinnitus	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. <b>Vision</b> e.g., blind, visual impairment, colour blindness, tunnel vision	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. <b>Learning</b> e.g., dyslexia, dyspraxia, dyscalculia, impaired concentration	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, please give details *e.g., extent of impairment, any support needs or course adjustments required.*

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2. Have you ever required special arrangements at school, college or work to overcome any learning barriers, <i>e.g. equipment, extra time in exams, part-time working?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details .....

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Where applicable please indicate whether or not you have informed your Admissions Tutor and/or the University Accessibility and Disability Resource Centre (ADRC) about any impairment or health condition that requires support during your training.

Admissions Tutor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accessibility and Disability Resource Centre	Yes <input type="checkbox"/> No <input type="checkbox"/>

If not and you are seeking support please contact your Admissions Tutor, the ADRC and / or Occupational Health to discuss your needs.

3. a. Do you have any chronic health condition requiring on-going health care and/ or medication? e.g., eczema or skin condition, asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you have any allergies e.g. latex, medicines, food, animals, hayfever?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, please give details *e.g., when condition developed, severity, treatment and course adjustments required.*

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4. Have you ever been affected by:	
a. <b>Sudden loss of consciousness</b> e.g., a fit or seizure	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. <b>Chronic fatigue syndrome</b> (or similar condition)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. <b>An illness requiring more than two week's absence from school or work</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. <b>Mental health problems</b> e.g., anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose or self-harm, drug or alcohol dependency	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. <b>An eating disorder</b> e.g., bulimia, anorexia nervosa, compulsive eating	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, give details *e.g., when condition developed, how long it lasted, its effects on you, treatment*

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5. Have you ever been assessed or treated by a psychiatrist, psychotherapist or counsellor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details *e.g., when, reason, outcome* .....

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6. Are you currently taking any medication or treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details .....

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7. Do you have any impairment or health condition not already mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details .....

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8. What is your height?	metres
What is your weight?	kg

## Declaration

Please tick the relevant boxes and sign below

☐ The information I have provided is correct to the best of my knowledge and belief.

☐ I consent to my information being held and processed by OH as described above under 'Data Protection Information'.

Signed: .....

Date: .....

If you declare an impairment or health condition which may require adjustments to assist you in your training or affect your work as a veterinary surgeon, then an Occupational Health Adviser will contact you to assist you further.

You will receive an appointment with the University Occupational Health Service on commencement of training in relation to your work with animals.