**SCHOOL OF ENGINEERING**

**DISCLOSURE FOR UNDERGRADUATE AND TAUGHT POSTGRADUATE GROUP FIELDWORK ACTIVITY**

**STRICTLY CONFIDENTIAL**

|  |  |
| --- | --- |
| **Fieldwork Location** |  |
| **Dates** |  |
| **Student Name** |  |
| **Student ID** |  |
| **Student Mobile** |  |
| **EMERGENCY CONTACTS** (include at least one) | |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Tel** |  |
| **Relationship** |  |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Tel** |  |
| **Relationship** |  |
| **MEDICAL CONDITIONS, DISABILITY OR INJURY THAT MAY AFFECT SAFETY OR PERFORMANCE IN THE FIELD** | |
| **List any current medical treatment or prescribed medications that apply for the fieldwork period which may affect safety of performance in the field.** |  |
| **DIETARY REQUIREMENTS** | |
| **Special dietary requirements, including allergies.** |  |
| **Signed** |  |
| **Date** |  |