**CHILDREN & FAMILIES - WIGAN COUNCIL**

[**ChildLicensing@wigan.gov.uk**](mailto:ChildLicensing@wigan.gov.uk)

**Child Licensing (Attendance Service)**

**Education - Children and Families**

**Wigan Council**

**PO Box 100**

**Wigan**

**WN1 3DS**

**Direct Telephone: (01942) 487139**

# Medical Questionnaire & Health Declaration

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **License Applicant / Holder Details (To be completed by the Producer / Employer)** | | | | | | | | |
|  | **Name of License Applicant / Holder** | |  | | | **Tel No** |  |  |
| E-Mail Address | | | | | | | | |
|  | **Company & Address** |  | | | | | |  |
| |  |  |  |  | | --- | --- | --- | --- | |  | **License Type (Employment / Entertainment)** |  |  | | | | | | | | | |
|  | **Occupation / Job title**  **Duties to be undertaken**  **(if a license has already been issued duties cannot be amended and a new license must be applied for)** | | |  | | | |  |
|  | | | | | | | | |
|  | **Place in which the activity applied for will be taking place** | | | |  | | |  |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by the Parent / Guardian of the child (must have Parental Responsibility)** | | | | | | | | |
|  | **Name of child** | | |  | **Date of birth** |  | |  |
|  | | | | | | | | |
|  | **Address** | |  | | **Parent Email & Telephone** |  | |  |
|  | | |  | |  | | | |  |
|  | | | | | | | | |
|  | **School** |  | | | | | |  |
|  | | | | | | | | |
| **Registered GP** | | | |  | | |  | |
|  | | | | | | | | |
| **Address** | | | |  | | | |  |
|  | | | | | | | | |

**Please answer the following questions failure to do so may result in the license application being refused.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you answer Yes to any of the options below, please give details in the free text box provided below. | | | | | | | | | | |
|  | 1. Does your child have any of the following? | | | | | | | | | |
|  | | Asthma or Chest Trouble | Yes | | |  | No |  |  | |
|  | | Heart Trouble | Yes | | |  | No |  |  | |
|  | | Allergies Inc. Skin Conditions | Yes | | |  | No |  |  | |
|  | | Diabetes | Yes | | |  | No |  |  | |
|  | | Fits or Epilepsy | Yes | | |  | No |  |  | |
|  | | Other medical condition(s) | Yes | | |  | No |  |  | |
|  | 2. Does your child take any regular medication(s)? | | | Yes | |  | No |  |  | |
|  | 3. Does your child have any hearing impairment? | | | Yes | |  | No |  |  | |
|  | 4. Does your child have any vision impairment? | | | Yes | |  | No |  |  | |
|  | 5. Is your child attending a hospital specialist (or pending referral)? | | | Yes | |  | No |  |  | |
|  | 6. Is there anything else you would like us | | | |  | | | | | |
|  | to know (give further details if any box ticked YES) | | | | Yes |  | No |  |  | |
|  | Please give further details here: | | |  | | | | | | |
|  |  | | | | | | | | |  |
|  | | | | | | | | | | |
|  | 7. I consider my child fit to undertake this work | | | | Yes |  | No |  |  | |
|  |  | | | |  |  |  |  |  | |
|  | | | | | | | | | | |

**COVID-19 Health Declaration**

*□* I confirm that my child is not suffering from any COVID 19 symptoms and has not been for 7 days prior to today

***COVID 19 symptoms are defined as having a high temperature, a new continuous cough and a loss sense of taste and / or smell (Please visit*** [***https://111.nhs.uk/covid-19/***](https://111.nhs.uk/covid-19/) ***for more information)***

*□* I confirm that my child has not knowingly had contact with anyone with COVID 19 symptoms within 14 days prior to today

*□* I confirm that my child does not have any underlying health condition(s) which would make them more vulnerable under COVID-19 definition (see below)\*

*□* I confirm that no one in our household is defined as vulnerable under COVID-19 definition (see below)\*

*□* I confirm that I will contact the production / employer and the issuing Local Authority should there is a change in my child’s health before the production begins / for employment this should be done immediately

*□* I confirm that I will not attend the production / place of work should my child or anyone in the household be isolated as a result of illness, local lockdown, change in government advice, or advised to by track and trace personnel or 111 (irrespective of them showing symptoms or not)

*□* I consent to allowing a medical professional to take my child’s temperature prior to shooting / commencing the working day and again as appropriate

*□* I confirm that whilst on site we will adhere to social distancing throughout the time there and will maintain rigorous hand hygiene

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name in Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Endorsement (must have Parental Responsibility):**

I certify that to the best of my knowledge the details in this declaration are correct and I consent to my child taking part in the activity applied for either an entertainment or employment license during the COVID-19 restrictions.

I certify that I have discussed the situation with my child and they understand social distancing and infection control and the reasons for it. My child has agreed to follow all instructions regarding this.

I certify that my child is willing to commence / continue the tasks defined in the license be they for entertainment or employment purposes.

I certify that the information given is correct and that the license applicant / holder (Producer / Employer) has explained about and carried out a risk assessment prior to commencement of the activity applied for either an entertainment or employment license.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name in Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Applicant / Holder Endorsement (To be completed by the Producer / Employer)**

I certify that to the best of my knowledge the details in this declaration are correct and I consent to the child taking part in the activity applied for either an entertainment or employment license during the COVID-19 restrictions.

I certify that I have discussed the situation with the child and they understand social distancing and infection control and the reasons for it. The child has agreed to follow all instructions regarding this.

I certify that the child is willing to commence / continue the tasks defined in the license be they for entertainment or employment purposes.

I certify that the information given is correct and that a risk assessment has been carried out (and provided to the Child Licensing Department), in relation to the above entertainment / employment, and that the Parents/Guardians have been notified and understand the findings prior to commencement of the activity applied for.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name in Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please ensure that the completed medical questionnaire is emailed to:** [**childlicensing@wigan.gov.uk**](mailto:childlicensing@wigan.gov.uk)

Guidance is subject to change at any time. Please refer to the [staying alert and safe guidance](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing) for the most up to date information.

**\* Public Health England Guidance on social distancing March 2020, vulnerable groups include those who are:**

* Aged 70 or older (regardless of medical conditions)
* Under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
* chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease, such as heart failure
* chronic kidney disease
* chronic liver disease, such as hepatitis
* chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* diabetes
* problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
* a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy being seriously overweight (a body mass index (BMI) of 40 or above)
* those who are pregnant

People who may be at particular risk due to complex health problems such as:

* People who have received an organ transplant and remain on ongoing immunosuppression medication
* People with cancer who are undergoing active chemotherapy or radiotherapy
* People with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
* People with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
* People with severe diseases of body systems, such as severe kidney disease (dialysis)