

STUDENT PHYSICAL CAPABILITY DECLARATION



Please complete both pages of this document and upload the full document into your application portal.

Student Legal Name	
IMPORTANT	This course has specific entry requirements linked to compulsory practical competence. The primary purpose of this health declaration is to assist Box Hill Institute to ensure that you are able to perform the duties required in order to successfully complete the units in the course and that no person is placed in an environment or given tasks that will result in physical or mental harm. We must ensure that your safety and the safety of other students and staff is held at the highest priority. It is not the intention of health declaration to deny a person entry into our course solely because of disability or illness. This course does have some specific practical competence requirements and, at times, can be physically taxing. Completion of this declaration will assist Box Hill Institute in the consideration of any potential reasonable adjustments (should they be necessary) and to understand how best to support individual students.
Applicants please read each statement carefully and select one response for each specific entry requirement (ie select only Yes <u>or</u> No for each)	
Do you possess the physical ability to perform tasks that require the use of equipment (for example: transporting cats via the use of cat carriers, opening kennel latches using reasonable level of grip strength and dexterity, using brooms/mops/pooper scoopers etc)?	<input type="checkbox"/> Yes, I do possess the physical ability to perform tasks like the ones listed. <input type="checkbox"/> No, I do not possess the physical ability to perform tasks like the ones listed.
Do you possess the physical ability to perform tasks that require manual handling (for example: carrying a 5kg dog 200m, bending down to capture and restrain a variety of animal species, walking large and boisterous dogs, setting up an enclosure for a patient with food and water bowls on the ground etc)?	<input type="checkbox"/> Yes, I do possess the physical ability to perform tasks like the ones listed. <input type="checkbox"/> No, I do not possess the physical ability to perform tasks like the ones listed.
Do you possess the physical ability to perform repetitive tasks (eg: reaching in to cages, bending, squatting, wiping surfaces, washing food bowl etc)?	<input type="checkbox"/> Yes, I do possess the physical ability to perform tasks like the ones listed. <input type="checkbox"/> No, I do not possess the physical ability to perform tasks like the ones listed.
Do you possess the physical ability to perform tasks that require visual and auditory skills (eg: observing health parameters/vital signs and identifying signs of disease/distress in animals including vocalisation etc)?	<input type="checkbox"/> Yes, I do possess the physical ability to perform tasks like the ones listed. <input type="checkbox"/> No, I do not possess the physical ability to perform tasks like the ones listed.
Do you have any allergies to a species of animal that might be handled in the course (dogs, cats, rabbits, guinea pigs, rats, mice, fish, snakes, lizards, turtles, cows, sheep, goats, parrots, chickens, ducks, or geese)?	<input type="checkbox"/> Yes, I have allergies to one or more of the species listed. <input type="checkbox"/> No, I do not have allergies to any of the species listed.
Do you have an existing injury or condition or pre-existing injury or condition that could be worsened by the tasks listed above?	<input type="checkbox"/> Yes, I have a pre-existing injury or condition that could be worsened by any of the tasks listed above. <input type="checkbox"/> No, I do not have a pre-existing injury or condition that could be worsened by any of the tasks listed above.

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Please provide further information if you have indicated above that you do not have the physical capability to complete tasks listed, you have allergies to a species of animal, or that you have a pre-existing condition/injury. Any explanation is helpful to assist us to understand your individual needs.

I (the under signed) declare that my responses above are a true and accurate representation of my physical capabilities.

Student Signature		Date	
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