

**IFoA Examination Risk Assessment**

**Candidate’s information**

|  |  |  |  |
| --- | --- | --- | --- |
| **ARN** |   | **Full Name** |   |
|  |  |  |  |  |  |
| **Condition/Diagnosis** |   |

**Condition information**

|  |
| --- |
| **Please explain how the symptoms of your condition could put you at risk during an examination or at the exam centre?**  |
|   |
| **If you experience a flare up/episode during the examination, what process needs to be followed?** |
|   |
| **At what point should your emergency contacts be notified?** (For the emergency contact details please complete the space at the end of the form ) |
|   |
| **At what point should the emergency services be contacted?** |
|   |
| **Further information do you believe we should be aware of should your condition impact you during the examination.** |
|   |

**Emergency contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Choice** |  |  |  |  |  |
|  |  |  |  |  |  |
| Name |   |
| Relationship |   |
| Home phone |   |
| Mobile phone |   |
|  |  |  |  |  |  |
| **Second Choice** |  |  |  |  |
|  |  |  |  |  |  |
| Name |   |
| Relationship |   |
| Home phone |   |
| Mobile phone |   |

**Date form completed:**