

**Checklist for Student Suitability for use of VR Hardware / Software  
 Irish Module**

Do you suffer from Claustrophobia?	
Do you suffer from Motion Sickness?	
Have you ever had a Panic Attack?	
Do you suffer from Migraines?	
Do you suffer from Nose Bleeds?	
Do you suffer from Hypertension?	
Do you have a Heart Condition?	
Do you suffer from Vertigo?	
Do you suffer from Ear infections?	
Do you have an Ear Implant or Magnetic Body Implant?	
Do you have Ear Grommets?	
Do you suffer with Back or any Other Mobility Issues?	
Do you have any Respiratory Conditions?	
Do you mind having your Eyes Covered?	
Are you sensitive to light?	
Are you nervous about working in groups?	

