

Occupational Health Questionnaire

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR CLINICAL STAFF (PATIENT CONTACT)

EMPLOYMENT DETAILS: TO BE COMPLETED IN BLOCK CAPITALS BY RECRUITMENT/APPOINTING OFFICER/MANAGER

Job Title (Grade):						Hours of work:	
Type of Contract:	Substantive	<input type="checkbox"/>	Fixed Term	<input type="checkbox"/>	Secondment	<input type="checkbox"/>	Contract Length:
	Bank	<input type="checkbox"/>	Honorary	<input type="checkbox"/>	Other:		
Directorate:							
Department / Ward:						Site:	
Appointing Officer/Manager :							
Appointing Officer/Manager:	Phone Number(s):				Email Address:		
Proposed Start Date:					Recruitment Team Contact:		

HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB: TO BE COMPLETED BY RECRUITMENT/APPOINTING OFFICER/MANAGER

Night working 23:00–06:00	<input type="checkbox"/>	Respiratory/Skin sensitisers/irritants	<input type="checkbox"/>	Vibrating tools	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

CANDIDATE DETAILS: TO BE COMPLETED IN BLOCK CAPITALS BY THE EMPLOYEE

Surname:		Home Address:	
Forename(s):			
Date of Birth:			
Gender:			
Mr/Mrs/Miss/Ms/Dr:		Postcode:	
Maiden /previous surname:		Telephone No:	
GP & Surgery Address		Mobile No:	
		Preferred Email:	

HEALTH QUESTIONNAIRE : TO BE COMPLETED BY EMPLOYEE

Your appointment to your new role is subject to an assessment of your fitness to work. The purpose of the assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others
- To enable your employer to identify any adjustments to your work environment

TO BE COMPLETED BY EMPLOYEE (please answer the questions by ticking the Yes or No box)

YES **NO**

1	Do you have any health conditions or disabilities which might impair your ability to undertake effectively the duties of the position which you have been offered?		
2	Do you have a condition or disability which may affect your work and which might require some adjustments to your work or your place of work?		

If you have answered YES to any of the above questions please provide further details in the space provided. Please attach extra sheets if necessary

IMMUNISATION / SCREENING

The Department of Health (2007) recommends that all NEW clinical healthcare workers have hepatitis B immunisation and provide evidence of their TB status. Any employee who may be exposed to blood or body products is strongly advised to undergo immunisation against Hepatitis B.

CLINICAL MANAGEMENT OF TUBERCULOSIS AND MEASURES FOR ITS PREVENTION AND CONTROL (NICE 2011)

	YES	NO
Is this your first employment within the NHS?		
Have you lived outside the UK for 3 months or more?		

If YES please list all of the countries that you have lived in with the dates:

	YES	NO
Do you have any of the following:		
A cough which has lasted for more than 3 weeks?		
Unexplained weight loss?		
Unexplained fever?		
Have you had tuberculosis (TB), TB treatment or been in contact with open TB?		

If YES, please give details and provide copies of any TB blood test/skin test results.

Do you have any of the following:	YES	NO
Do you have a sensitivity to latex?		
Do you have any allergies?		
<i>If YES please give details:</i>		
Have you ever had chicken pox?		
Have you ever had a positive test for a blood borne virus including Hepatitis B, C or HIV?		
<i>If YES please include the results of the blood tests</i>		

Please enclose copies of the following immunisation records and/or laboratory reports
<ul style="list-style-type: none"> • Documentation from an Occupational Health Practitioner of BCG(TB) scar, TB skin test result (Heaf or Mantoux, IGRA blood testing or documentation of receiving a BCG vaccination • If you have not had the chicken pox infection, please include documentary evidence of a varicella (chicken pox) blood test result or course of varicella vaccinations received • Documentation of receiving two MMR vaccinations or documentation of measles and rubella (German measles) blood test results • Documentation of Hepatitis B vaccinations received, including booster doses and a copy of your Hepatitis B immunity blood test result <p><i>If records/laboratory reports are not available you will be tested for some or all of the above as necessary by Occupational Health and this will result in a delay in your health clearance.</i></p>

<p>Exposure Prone Procedure Workers:</p> <p>Those workers undertaking exposure prone procedures (EPP) i.e. doctors, dentists, midwives, A&E and Theatre Nurses, must provide written evidence of non-infectivity to Hepatitis B. Further evidence is required for Hepatitis C (if EPP first undertaken since 2002) and HIV (if EPP first undertaken since 2007) prior to commencing in post. If results are not available you will be tested by Occupational Health and health clearance for EPP work will be delayed until these are results are processed. To comply with the Department of Health's standard for Identified Validated Samples (IVS) you will be asked to show formal photographic ID i.e. valid driver's licence, passport or NHS ID, for this procedure.</p> <p>If your post involves undertaking EPP's please specify what year you qualified or first began undertaking these procedures: YEAR: _____</p>

Renal Units: Although Renal Staff do not undertake exposure prone procedures, specific guidelines apply and Hepatitis B Surface Antigen testing is required.

DECLARATION AND CONSENT: TO BE COMPLETED BY THE EMPLOYEE			
I certify that the information I have given is true to the best of my knowledge and I understand that any deliberate material inaccuracy may result in disciplinary action being taken which could result in the termination of my employment contract.			
*Signature		Date	

****For electronically completed forms, completing the signature section will act as a confirmed declaration.***

<p>Please return the completed form to Occupational Health. Occupational Health may contact you by phone or you may be invited to attend an appointment with an Occupational Health Nurse or Physician. Occupational Health will also ensure that your immunisations are up to date and that you have the appropriate cover to commence work.</p>
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CONSENT FOR THE RELEASE OF OCCUPATIONAL HEALTH IMMUNISATION RECORDS

TO BE COMPLETED IN BLOCK CAPITALS BY THE EMPLOYEE

I consent for the release of all my immunisation/screening details including relevant blood test results and chest x-rays to the above requesting Occupational Health Department.

Signed Date

Full Name

Date of Birth

Name and address of current or previous Occupational Health Department (please give the department that holds your immunisation/screening results)

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Telephone Number Fax Number

Please note that the receipt of immunisation and screening information is no guarantee of clearance to work as this will be determined by the Occupational Health Service of your new employer.