

WORKPLACE HEALTH QUESTIONNAIRE

The Appointing Manager ***MUST*** provide the following information in full. (Prior to sending to the successful applicant) If the information is not provided the form cannot be processed.

**Occupational Health Service
 The Bungalow, Office Block 2
 Crown Business Park
 Govan Road
 Fenton
 Stoke-on-Trent
 ST4 2RS
 Tel: 01782 418240 Fax: 01782 418241**

TO BE COMPLETED BY APPOINTING MANAGER:-

Employer / Organisation / Trust
 Managers Name.....
 Managers Workbase
 Telephone Number Email

Applicant Details

Surname First Names
 Proposed Occupation
 Proposed Start Date
 Ward / Department / Site
 Permanent / Temporary / Locum / Full Time / Part Time / Bank / Training / Placement

DOES THIS POST INVOLVE ANY OF THE FOLLOWING?

Regular Patient Contact	Yes	No	Work with hazardous chemicals? (Including cytotoxics, respiratory sensitizers, latex, solvents etc.) Details	Yes	No
Exposure Prone Procedures	Yes	No			
Moderate/Heavy Manual Handling	Yes	No	Exposure to Radiation	Yes	No
Food Handling	Yes	No	Working in Confined Spaces	Yes	No
Clients with challenging behaviour	Yes	No	Working with vibration transmitting tools	Yes	No
Regular contact with children and/or babies	Yes	No	Exposure to Noise	Yes	No
Driving duties Details	Yes	No	Lone Working	Yes	No
Working at heights	Yes	No	Night Working	Yes	No
Electrical working	Yes	No	Other		

TO BE COMPLETED BY EMPLOYEE.

Dr / Mr / Mrs / Miss / Ms / Other

Surname:..... Previous Surname:.....
 First Names:.....
 Address:..... Female / Male
 Date of Birth:
 Post Code..... Home Telephone No:.....
 Email address:..... Mobile Telephone No:.....
 (appointments may be sent via email – please look out for email from an address ending with ...@shropcom.nhs.uk
 Name and Address of GP.....
 Telephone Number

2. Current or ongoing health conditions:

Do you have any health issues that may affect your ability to undertake the duties of your role and may require workplace adjustment or changes to be made	YES	NO
Do you have any conditions that have arisen as a result of previous work e.g. HAV'S?	YES	NO
Do you have a chronic condition that requires regular review and/or medication?	YES	NO
IF yes please give details		
You may be contacted or an appointment made to discuss this further with a member of the Occupational Health Team.		

ONLY TO BE COMPLETED BY EMPLOYEES WHO HAVE DIRECT PATIENT CONTACT

3. Infectious diseases, Immunisations and Vaccinations:

HIV / AIDS, Hepatitis C, Hepatitis B	
Will you perform Exposure Prone Procedures EPP within your new role?	YES NO
If YES, Do you have any reason to believe that you may have been exposed to HIV, Hepatitis C and/or Hepatitis B infection in any of the circumstances listed below?	
<ol style="list-style-type: none"> 1. A man, engaging in unprotected oral or anal sex with another man; 2. Had sex with a person who lives or has lived in a country where HIV/AIDs is very common 3. Shared equipment while using drugs; 4. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or where HIV/Aids is very common 5 Received medical or dental care in countries where Infection Control precautions may be inadequate 6. Had significant occupational exposure to HIV, Hep C Hep B infected materials in any circumstances; 7. Had unprotected sexual intercourse with someone of any of the above categories. 8 Received blood or blood products before 1986 	<p><u>IMPORTANT</u></p> <p>A healthcare worker who has any reason to believe that they may have been exposed to infection with HIV, Hepatitis C or Hepatitis B in whatever circumstance, must seek and follow confidential advice from Occupational Health Services. Failure to do so may breach the duty of care to patients.</p>
HIV, Hepatitis C, Hepatitis B	
A validated blood test is required for HIV 1&2, Hepatitis C antibodies and Hepatitis B surface antigen for the following category of employee. Please send documentation with this form if you have already been tested. If you have not been tested, an appointment with the Occupational Health and Wellbeing Team will be arranged.	
<ul style="list-style-type: none"> ▪ All EPP (Exposure Prone Procedures) workers who are new to the NHS and will perform EPP's ▪ Existing workers who are new to EPP <p>All health care workers who are new to the NHS will be offered the above testing</p>	

Are you a newly qualified Health Professional ie Registered Nurse starting your first post

YES NO

Have you ever had chicken pox and/or shingles	YES	NO
Have you been vaccinated against Measles, Mumps and Rubella	YES	NO
Do you have evidence of immunity to Measles and Rubella	YES	NO

Please provide evidence of vaccination for Measles, Mumps and Rubella (MMR) TB (BCG vaccination) and Hepatitis B vaccination including blood results and any boosters as this will help to speed up the process and may mean you do not have to attend the Occupational health department prior to commencing your post

TUBERCULOSIS:

Have you lived continuously in the UK for the last 5 years YES NO
(Please delete as appropriate)

If NO, please list all the countries that you have lived in or visited for more than 4 weeks over the last 5 years _____

Do you have reason to believe that you may have been exposed to tuberculosis YES NO
(Please delete as appropriate)

Have you had TB? YES NO
(Please delete as appropriate)

Have you had a cough for more than 3 weeks or unexplained fever or loss of weight in the last 12 months? YES NO
(Please delete as appropriate)

If you are coming from a country with a high TB rate, you will require a chest x-ray and confirmation of BCG vaccination. Please enclose x-ray report from Port of Entry if this is available and documentary evidence of BCG vaccination. You *must not* commence work until cleared by Occupational Health.

DECLARATION

I certify, that to the best of my knowledge the information I have given is correct. I understand that any false statement may affect my contract of employment.

Signature of applicant Date

Please print name

Please enclose any documented evidence as requested above and those listed on the consent form below and/or sign the consent (over page) for release of evidence from a previous OH provider/GP. If you are asked to attend the Occupational Health & Wellbeing Department for an appointment to ensure that your immunisations are up to date and you have the appropriate cover to commence work please bring photo ID with you to your appointment (i.e. passport or driving licence).
 Appointments are likely to be emailed so please provide an up to date email address if available.

CONSENT FOR THE RELEASE OF OCCUPATIONAL HEALTH VACCINATION RECORDS

I hereby give consent for the release of records held by my previous Occupational Health Department relating to vaccinations listed below:

FOR ALL EMPLOYEES WITH REGULAR PATIENT CONTACT:

BCG scar	Mantoux test	Hepatitis B initial course / Booster	Hepatitis B titre level
Measles Antibody	Rubella Anitbody	MMR vaccination	Varicella Antibody

FOR THOSE UNDERTAKING EXPOSURE PRONE PROCEDURES ALSO INCLUDE:-
(validated sample required)

Hepatitis B surface antigen HIV antibody Hepatitis C antibody

FOR THOSE ENTERING FROM A COUNTRY WITH HIGH PREVALENCE TB:

Chest X-Ray

Consent for the release of all my immunisation details including relevant blood test results and CXR to the above Occupational Health & Wellbeing Centre

Signed Print Name Date

Dr / Mr / Mrs / Miss / Ms / Other Female / Male

Surname Previous Surname

First Names

Date of Birth

Name and address of current or previous Occupational Health Department

.....
.....
.....

Telephone number Fax number

