



**UnitedMedical**

EXCELLENCE + INTEGRITY + PARTNERSHIP

CONFIDENTIAL

# Occupational Health Questionnaire

Your answers to this questionnaire will be kept confidential. United Medical will not pass them on to anyone else without your written permission.

The purpose of this questionnaire is to review whether you have any health problems that could affect your ability to undertake the duties of the placements you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to undertake the role. Our aim is to promote and maintain the health of all people at work.

Before health clearance is given for a placement you may need to be seen by an occupational health advisor or physician.

*(Please complete in black pen in BLOCK CAPITALS)*

## 1. Personal Information

Title: ..... Surname: .....

First Names: ..... Date of Birth: .....

Job Role: ..... Speciality: .....

Home Telephone: ..... Work Telephone: .....

Mobile Telephone: ..... Home Address: .....

.....

..... Postcode: .....

GP Name & Address: .....

..... Postcode: .....

Have you worked in the NHS before? Yes  No





## 2. Medical Screening *(All staff groups to complete this section)*

1. Do you have any current illness/impairment/disability (physical or psychological), which may affect your work? Yes  No

2. Are you currently having, or waiting for treatment (including medication) or investigations at present? Yes  No   
*If your answer is yes, please provide further details of the condition, treatment and dates below.*

3. Do you think you may need any adjustments or assistance to help you do the job? Yes  No

If you have stated yes to any of the above questions, please provide further details here:

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

## 3. Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006.)

1. Have you lived continuously in the UK for the last 5 years? Yes  No

2. If you answered no to the above, please list all of the countries that you have lived in over the last 5 years for a period of 3 months or more. (Please note: if you have lived in a country listed by the World Health Organisation as having a high presence of TB for 3 months or more during the last 5 years we will require evidence of Mantoux test, QuantiFERON blood test or chest x-ray): .....

.....

3. Do you have any of the following:

A cough, which has lasted for more than 5 weeks? Yes  No

Unexplained weight loss? Yes  No

Unexplained fever? Yes  No

Have you had tuberculosis (TB) or been in recent contact with TB? Yes  No

If you have answered yes to any of the above questions please provide details: .....

.....

## 4. Chicken Pox or Shingles

Have you ever had chicken pox or shingles? Yes  No

If yes please provide dates: .....



## 5. Immunisation History

Have you ever had any of the following immunisations?

BCG vaccination Yes  No  if yes, please give dates: .....  
(Or Heaf grade 2 / Mantoux 6-15mm or scar seen by GP or occupational health nurse)

1st MMR vaccination Yes  No  if yes, please give dates: .....

2nd MMR vaccination Yes  No  if yes, please give dates: .....

Varicella (Chickenpox) Yes  No  if yes, please give dates: .....

Hepatitis B (if yes please give dates below) Yes  No

Course: 1: ..... 2: ..... 3: .....

Boosters: 1: ..... 2: ..... 3: .....

## 6. Proof of Immunity (Please send the following)

- **Varicella** - You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide a serology test result showing Varicella immunity.
- **Tuberculosis** - We require verification of a BCG scar, a record of a positive skin test result (Heaf or Mantoux) result (do not Self Declare) or evidence of a BCG vaccination.
- **Rubella & Measles** - Certificates of two MMR vaccinations or proof of a positive antibody for Mumps, Rubella and Measles.
- **Hepatitis B** - You must provide a copy of the most recent pathology report showing titre levels of 100IU/l or above.

## Exposure Prone Procedures (EEP) Candidates Only

### Proof of Status (Please send the following)

- **Hepatitis B Surface Antigen** - Evidence of a negative Surface Antigen Test. Report must be an identified validated sample (IVS). (See below for details)
- **Hepatitis C** - Evidence of a negative antibody test. Report must be an identified validated sample (IVS).
- **HIV** - Evidence of a negative antibody test. Report must be an identified validated sample (IVS).

Please note EEP healthcare workers have a legal duty to inform United Medical if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

## Important Information – IVS

An IVS report is decided according to the following criteria:

The healthcare worker should show proof of identify with a photograph - NHS trust identity badge, new driver's licence, passport or national identity card - when a sample is taken.

IVS samples should also be from a UK laboratory.

This is to comply with the Department of Health guidance on testing.

## Section 7. Declarations

I declare that the answers to the above questions are true and complete to the best of my knowledge. I give permission for a member of the United Medical team to communicate with my own General Practitioner, or any other health professional, if further information is required, and for that GP or healthcare professional to give details of my clinical condition or other relevant information to an OH advisor/physician or United Medical.

I understand that I shall be contacted to obtain my fully informed consent before any report is requested and that under the Access to Medical Reports Act 1988:

- I have the right to see the report before it is sent.
- I am entitled to ask the doctor to amend or modify information which I consider to be inaccurate.
- I have 21 days from notification to seek access to the report.

I wish to seek access to this report / I do not wish to seek access to this report *(Please delete as appropriate)*

Signed: ..... Date: .....

I understand that if any recommendations to my employer are necessary as a result of this Work Health Assessment, United Medical will discuss the recommendations with me before making them to my employer.

I give consent for United Medical to make recommendations to my employer, without me having to see a written copy of the recommendations first .

Signed: ..... Date: .....

\* If you would like to see a written copy of an recommendations United Medical may make before they are sent to my employer please tick here