

Work Health Assessment

Guidance notes; *please read carefully*

THE SUCCESSFUL CANDIDATE ONLY SHOULD COMPLETE THIS QUESTIONNAIRE

This questionnaire gives us information which helps us to:

- Advise on any adjustments to your work or workplace which may be necessary to ensure that any health condition you may have is not made worse by your work.
- Identify any medical condition which could pose a safety risk to you, your colleagues, patients or members of the public.
- Check that you are not particularly vulnerable to any hazards that your job may contain.

You may be contacted by an Occupational Health Professional who is dealing with this questionnaire. They will either telephone you to get some more details or make an appointment for you with a nurse or a doctor to discuss matters.

The medical details you write on this form remain confidential to the Occupational Health Service of East Lancashire Hospitals Trust. This means that the medical details you put on the questionnaire will not be disclosed to anyone else without your explicit consent.

Please answer **all** the relevant questions. If you fail to complete the questionnaire there will be a delay to your health assessment and subsequent starting date. Please

Section A

By answering the section A you will speed up the recruitment process. Please answer all questions honestly.

Health Status and Employment Declaration (please answer all questions)					
Current Health Status			Current Employment		
	Yes	No		Yes	No
Do you currently work for ELHT? (if yes please provide your assignment number located on wage slip)			Is the new role you have been appointed to the same role as you are currently doing either at ELHT or at another trust? i.e. Nurse to Nurse, Pharmacist to Pharmacist		
Assignment No:					
Have you been to Occupational Health at ELHT for a Work Health Interview since 2013?			If you do not work for ELHT which Trust do you currently work for? (please provide details below) _____ _____		
Has your health changed since your last Work Health Interview with ELHT Occupational Health?			Do you consent to the ELHT Occupational Health service contacting your current Occupational Health provider for your medical information in readiness for your Health Work Assessment?		

Section B

Personal Details	
Mr/Mrs/Miss/Ms/Dr./ other Male/Female	Home address:
Surname:	Home Tel:
Forename(s):	Mobile:
Previous Name: (if applicable)	Work Tel:
Date of Birth:	Email:
	Please tick: I would prefer to be contacted by: <input type="checkbox"/> Mobile no. <input type="checkbox"/> Home no. <input type="checkbox"/> Work no. <input type="checkbox"/> email <input type="checkbox"/> I consent to receiving reminders by text message.
Details of the Job you will be doing:	
Job Title:	Full time / Part time / Fixed Term / Trust Staff Bank
End date <i>(If short-term contract)</i>	
Ward.....	Department:..... Directorate:
Are you currently employed by ELHT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not who is your employer?	
Have you ever worked for ELHT Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section C

Questions about your overall health and wellbeing

Q. Do you have any illness/impairment/disability (physical or psychological) which may affect your work or is affected by your work? Yes No

- **If your answer to the question above is YES - complete sections D to G, all other relevant sections and declaration/consent**
- **If your answer to the question above is NO - go to Section E. Complete sections E to G, all other relevant sections and declaration/consent**

Section D (only answer if you answered yes to the above question)

Specific questions about your health and wellbeing (please answer all questions)					
Health issue	Yes	No	Health issue	Yes	No
1) Do you get short of breath easily			7) Depression or Anxiety		
2) Problems with sleep, tiredness or fatigue			8) Memory or Concentration		
3) Problems with bowels or bladder			9) Skin problems		
4) Problems with walking or mobility			10) Chronic pain		
5) Manually handling things in everyday life			11) Problems with hearing, sight or sense		
6) Fine tasks or dexterity			of smell		
If yes, please give details below:					
Are you on any medication? ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please give details below:					

Section E (All applicants complete)

Specific questions about your health and wellbeing (please answer all questions)					
	Yes	No		Yes	No
1) Cough lasting more than 3 weeks			4) Investigation for Tuberculosis		
2) Unexplained weight loss			5) A close family member or member of your household diagnosed with Tuberculosis		
3) Intermittent fever with night sweats			6) Have you been in a country where Tuberculosis is common		
<p>If yes to any of the above please give details</p> <p>If you are not from the UK where are you from? When did you leave your home country?</p>					

Section F (All applicants complete)

Questions relating to allergies		
	Yes	No
Are you allergic to anything e.g. latex, medicines, chemicals etc?		
<p>If yes please give details</p>		

Section G (All applicants complete)

Questions relating to infections		
	Yes	No
Are you a carrier of MRSA?		
<p>If yes please give details below</p>		

Section H (Please complete this section if your role includes Working Nights)

Questions relating to Night Working					
Health issue	Yes	No	Health issue	Yes	No
1 a) Do you suffer from diabetes? b) If "yes", do you take insulin?			5) Do you suffer from any psychological or psychiatric condition that requires medication?		
2) Do you suffer from heart or circulation problems?			6) Do you suffer from any medical condition that affects your sleep?		
3) Do you suffer from stomach and bowel problems?			7) Do you suffer from epilepsy or migraine?		
4 a) Do you suffer from chest problems (e.g. asthma)? b) If "yes" is it worse at night			8) Do you have any other medical condition that requires you to take medication?		
<p>If "yes" to any of the above please give details below:</p>					

Section I (Only Healthcare Workers complete this section)

Health Care Workers have a legal and ethical duty to inform Occupational Health if they suspect or know they are carriers of HIV, Hepatitis B or Hepatitis C.

Have you ever suspected to have or been diagnosed with one of the following diseases?

Hepatitis B: **Yes** **No**
 Hepatitis C: **Yes** **No**
 HIV/AIDS: **Yes** **No**

Section J (Only Exposure Prone Procedure Workers and Renal Dialysis Workers complete this section)

Questions for Exposure Prone Procedure Workers and Renal Dialysis Workers

	Yes	No	If yes give details with dates
1) Do you expect the post to involve Exposure Prone Procedures (EPP)? Please read definition of EPP below.			
<p>Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</p> <p>Exposure Prone Procedure staff must provide validated documentary evidence of their Hepatitis B, Hepatitis C and HIV status before health assessment can be completed. If not available you will be tested in this department and health assessment will be delayed until these results are processed. You will be asked to show formal photographic ID, e.g. valid driver's licence or passport, for this procedure.</p>			
2) Is this your first role within the NHS undertaking EPP?			
3) Do you expect this role to involve working with Renal Dialysis equipment and renal patients?			
<p>Renal Dialysis workers must provide validated documentary evidence of Hepatitis B status as part of their health assessment. If not available you will be tested in this department and health assessment will be delayed until these results are processed. You will be asked to show formal photographic ID, e.g. valid driver's licence or passport, for this procedure.</p>			
4) Have you completed the appropriate follow-up following a significant occupational exposure to a blood borne virus (i.e. Hepatitis B or C or HIV)			

Section K (Only Electricians, Carpenters Plumbers and Works Staff complete this section)

Questions for Electricians, Carpenters Plumbers and Works Staff

Health Question	Yes	No
1. Do you have any problems distinguishing colours?		
2. Do you have any problems with your hearing?		
3. Do you have any symptoms or health conditions that may affect your ability to use power tools/machines, work in confined spaces or from heights?		
If yes please give details		

Section L (Only Drivers complete this section)

Questions for drivers		
Health Question	Yes	No
1. Do you suffer with or have you ever suffered any problems with your heart or circulatory system? <i>e.g. Heart problems, irregular heart beat, high blood pressure or anything else relating to your heart?</i>		
2. Do you suffer with or have you ever suffered any problems with your nervous system? <i>e.g. previous brain problems or stroke?</i>		
3. Have you ever needed to contact the DVLA regarding your health?		
4. Is your driving licence restricted to 1 or 3 or 5 year reviews for medical reasons?		
If yes please give details		

Section M (All staff to complete this section)

Questions on Immunity & Vaccinations

Have you had the following?				
Immunisations	Yes	No	Don't know	Date
BCG				
BCG scar present				
Rubella				
Measles				
MMR				
Diphtheria/Tetanus/Pertussis				
Polio				
Chickenpox				
Meningitis C				
Hepatitis A				
Hepatitis B 1 st dose				
Hepatitis B 2 nd dose				
Hepatitis B 3 rd dose				
Hepatitis B booster dose				
Date of Hepatitis B blood test				
Result of Hepatitis B blood test				
Illnesses				
Measles				
Mumps				
Rubella (German Measles)				
Chickenpox or Shingles				
Tuberculosis				

Please send any copies of you vaccination or immunity e.g. Laboratory Reports, Vaccination Records or Certificates to: workhealthassessment@elht.nhs.uk in a separate email.

Please visit our website at <http://elht.nhs.uk/completing-our-application-form.htm> to read important information regarding Occupational Health immunisation standards. It is essential that you follow the instructions to obtain documented evidence of your full immunisation history.

You must provide evidence of your immunisation history e.g. vaccination reports, laboratory reports or certificates.

This information can be sent to us by any of the following methods:

- Scanning in your records and attaching them to an email and sending them along with this form.
- Posting them to **Work Health Assessment, Occupational Health, Royal Blackburn Hospital, Park View Offices, Level 1, BB2 3HH.**
- Or hand delivering them to Occupational Health at the above postal address.

Failure to supply this information will delay your clearance from the Occupational Health Department and therefore delay your start date.

Section N (All Staff Groups to complete this section)

Declaration

Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required. Please ensure the consent form is also signed and fully completed.

1. I hereby agree to inform Occupational Health Service of any changes in my health which may affect my ability to work.
2. I understand my responsibility to notify Occupational Health Service if I think I am carrying a serious communicable condition such as Hepatitis B / Hepatitis C / HIV or TB.
3. I acknowledge that my personal details will be stored both electronically and manually by the Occupational Health Service in accordance with the Data Protection Act 1998. This information will be retained during your period of employment and for an additional 40 years to comply with the Control of Substances Hazardous to Health amended Regulations 2004.
4. If I have any concerns about how this information is handled I will contact the Occupational Health Service.
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.

Signed: Date:

By ticking this box I consent to all of the declaration.

Consent

I consent to the Occupational Health Department at East Lancashire Hospitals NHS Trust seeking medical information from any Occupational Health Department which has at any time attended me, or from any relevant source and I authorise the giving of such information.

Name..... Date of Birth.....

Address.....

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Signature..... Date.....

Place of most recent Medical in the NHS: `Trust.....

Address.....

I consent to all of the above declaration: YES NO

Once complete this form should be returned via email to the Occupational Health Department. Do not pass on to a third party or to Human Resources. Please email to workhealthassessment@elht.nhs.uk

For Office use

Fit on paper screen	OHNA	OHP	Medical report
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