East Lancashire Hospitals
NHS Trust

The purpose of this work health assessment is to ensure, as far as possible, that you are fit for the post that you have applied for in order to protect your own and others' health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety. The health information you provide will remain CONFIDENTIAL to this Occupational Health department.

Specific medical details will not be divulged without your written permission to any person outside the Occupational Health service, but an opinion about fitness for work and any suggested adjustments will be given to HR/ Recruitment and Management.

Dr/Mr/Miss/Mrs/Ms/ Mx (Delete as Appropriate)	**Surname**	
Forename(s)		
Sex	Male ❑ Female ❑ Non-binary ❑ Prefer not to Say ❑	

Home Address:	**Postcode:**

Contact Telephone No(s):	**Home:**	**Mobile:**
Email:		

Date of birth:		

*** EMPLOYMENT ***

Have you worked for this Trust in the past?	Currently Employed ❑ Yes Previously ❑ No ❑
If yes, what was your role/ job?	
If yes, were you known by another name?	
Who is your current employer?	
What is your current role/ job title?	
Is this your first NHS Post?	Yes ❑ No ❑
If No – who was your most recent NHS Employer (If different to current employer)	
Position (applied for)	
Department	
Full/Part Time include total number of hours	

*** YOUR HEALTH ***

Do you have any illness/ impairment/ disability (physical or mental) which may affect your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes ❑	No ❑
Have you ever had any illness/ impairment/ disability which may have been caused or made worse by your work? If yes, please give details below:	Yes ❑	No ❑
Are you having, or waiting for treatment (including medication) or investigations at present? If yes, please give details below:	Yes ❑	No ❑
Have you ever had or do you think you may need any adjustments or assistance to overcome/ accommodate any illness/ impairment or disability that may impact on your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes ❑	No ❑
Have you had any absence from employment or education in the last 2 years? If yes, please give details including the number of episodes, days lost, date of occurrence and if it has resolved	Yes ❑	No ❑
Do you suffer from any allergies? For example a reaction to natural rubber latex If yes, please give details	Yes ❑	No ❑

Height	Weight	BMI

*** IMMUNISATION/ INFECTIOUS DISEASES ***

In which country were you born?	
Have you lived continuously in the UK for the last year?	Yes ❑ No ❑
If no, please list all of the countries that you have lived in in the last 5 years	
Have you had a BCG vaccination?	Yes ❑ No ❑
Do you have a visible BCG scar?	Yes ❑ No ❑
Have you ever been treated for TB?	Yes ❑ No ❑
Do you suffer from any of the following symptoms:	
• Cough lasting more than 3 weeks/ blood stained sputum	Yes ❑ No ❑
• Unexplained fever/ high temperature/ weight loss	Yes ❑ No ❑
• Heavy sweating at night	Yes ❑ No ❑
Have you been in recent contact with anyone with open pulmonary TB?	Yes ❑ No ❑
Have you visited another country for more than three months within the last 12 months?	Yes ❑ No ❑
If yes, where and for how long	
Have you had all of your routine childhood vaccines? e.g. MMR	Yes ❑ No ❑
Have you ever had chickenpox?	Yes ❑ No ❑
If yes, please state which country you were in when this occurred:	

*** EXPOSURE PRONE PROCEDURES (EPP) ***

An exposure prone procedure (EPP) are those procedures where the workers hand may be in contact with sharp instruments, needle tips of sharp tissue (e.g spicules of bone or teeth) inside patients open body cavity, wound or confined anatomical space where the hands and finger tips may not be completely visible at all times. **THIS DOES NOT APPLY TO VENEPUNCTURE AND CANNULATION**

Will you be performing EPP?	Yes ❑ No ❑

If you cannot provide ID validated blood borne virus results from a UK accredited laboratory you will be required to undergo testing from this Occupational Health department.

- **IF YOU ARE NEW TO THE NHS PLEASE SUBMIT A COPY OF YOUR GP VACCINATION RECORD WITH THIS FORM.**
- **IF YOU ARE CURRENTLY EMPLOYED OR STUDYING WITHIN THE NHS IN ANY OTHER REGION, PLEASE SUBMIT A COPY OF YOUR OCCUPATIONAL HEALTH VACCINATION INFORMATION WITH THIS FORM.**

FAILURE TO DO THIS WILL RESULT IN DELAYS IN YOUR HEALTH CLEARANCE AND ABILITY TO START WORK

- **IF YOU ARE CURRENTLY EMPLOYED WITHIN THE NHS PLEASE COMPLETE THE CONSENT FORM BELOW TO ENABLE US TO ACCESS YOUR PREVIOUS VACCINATION INFORMATION**

*** DECLARATION ***

I declare that answers to the questions on this questionnaire are true and complete to the best of my knowledge and belief. I am aware that any false, misleading statements or withholding information may lead to termination of employment.

Your Signature:	**Date:** / /

(for paper based system)

I Agree ❑

(for COHORT/ OPAS)

*** CONSENT ***

Full Name	
DOB	
Address	

Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare professionals and their patients. Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases.

Immunisation of healthcare and laboratory workers may therefore:

- protect the individual and their family from an occupationally-acquired infection
- protect patients and service users, including vulnerable patients who may not respond well to their own immunisation
- protect other healthcare and laboratory staff
- allow for the efficient running of services without disruption.

(DOH, The Green Book, Chapter 12)

As part of this screening process if you currently work for or have worked for another Trust in the NHS, we may have the opportunity to obtain information about any immunisations or blood screening which may have been undertaken. To do this we require your written consent. By providing this information, the screening process should be expedited. It may also reduce the need for you to attend the Occupational Health department for further screening.

The information will be transferred and stored in the strictest of confidence and will not be visible to anyone outside the Occupational Health Department.

I consent to the transfer of my Immunisation and blood test results from my current/ most recent NHS Occupational Health provider to my new Occupational Health provider and I have provided the name of the Trust that I currently work for/ have previously worked for below:	I Agree ❑ I Do Not Agree ❑ Not Applicable ❑
Full Name of Current/ Most Recent NHS Employer	

Please delete as appropriate:
I **do / do not** wish to receive a copy of my vaccination information at the same time that it is transferred. (Please note that this will be posted to your home address)
I **do / do not** wish to see my vaccination information before it is transferred to my new Occupational Health Provider.

ONCE COMPLETED PLEASE EMAIL THIS FORM DIRECTLY TO
elht.workhealthassessments@nhs.net