

CONFIDENTIAL

OCCUPATIONAL HEALTH ASSESSMENT FORM

<p>To be completed by Appointing Manager</p> <p>PLEASE PRINT LEGIBLY AND COMPLETE FULLY</p>
<p>Applicants Name.....</p> <p>Circle appropriate Title: Mrs. Mr. Miss. Ms Dr. Rev</p> <p>Job Title.....</p> <p>Directorate..... Base/Site.....</p> <p>Department/Ward.....</p> <p>Proposed start date.....</p> <p>Manager Name</p> <p>Manager Location.....</p> <p>Contact Telephone Number.....</p>

Post holder will have Patient contact	YES / NO
Post holder will handle Clinical waste	YES / NO
Post holder will be required to prepare or serve food	YES / NO
Post holder will be working in Estates and in contact with sewage	YES / NO
Post holder will be required to undertake Exposure Prone Procedures(EPP)	YES / NO

TO BE COMPLETED BY APPLICANT

George Eliot Hospital values all staff and we wish to ensure that whilst working for us we do not ask you to do anything which could have an adverse effect on your health or to establish if you have any health problem which could adversely affect your work.

We would like you to complete the attached so that we can ensure we maintain your fitness whilst working with George Eliot Hospital and to enable the Occupational health team to discuss with you any problems that you may have which will require us to make reasonable adjustments in the work place.

George Eliot Hospital has a positive attitude to the employment of individuals with disabilities and will make every effort to support necessary workplace adjustments, in accordance with the Disability Discrimination Act 1995.

First name.....	Surname.....
Circle appropriate Title: Mrs. Mr. Miss. Ms Dr. Rev	
Maiden name.....	Previous Name.....
Address.....	
Post code.....	Date of birth
Telephone (home).....	GP Name.....
Telephone (work).....	GP Address.....
Telephone (mobile).....	GP Tel. No.....
E-Mail Address.....	

If you have entered the NHS via an overseas route, please give details of when and where you last had a chest x ray (CxR) and date of arrival in the UK	
Date of Arrival.....	Date and result CxR.....

Have you worked for this Trust previously?	YES / NO
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Please give the name and address of your previous employer to cover the last five years

Employer	Country	From	To	Post Title

Please tick Appropriate Box

I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I have been offered

I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.

Please give details: Continue on separate sheet of paper if necessary

Questions	Yes/No	Brief Details
Have you had Tuberculosis (TB)		
Have you had any unexplained weight loss?		
Have you had an unexplained cough for more than 3 weeks		
Have you had night sweats which have been attributed to TB		
Have you had any skin problems e.g. eczema / dermatitis/ psoriasis		
Are you having, or waiting for treatment (including medication) or investigation at present		
Food Handlers Only		
Have you ever had, or are known to be a carrier of typhoid or parathyroid		
Have you ever had Jaundice?		

Immunisation/Disease record

History	Please circle appropriate response	Date of immunisation	Result if applicable
Have you been immunised against Hepatitis B?	YES/NO	Initial 1. 2. 3. Repeat Course if applicable 1. 2. 3. Boosters	Antibody level =
Have you ever had? Chicken Pox (Varicella)	YES/NO/UNSURE		
Have you been vaccinated against chicken pox	YES/NO		
Have you had a Heaf or Mantoux test?(TB skin test)	YES/NO/DON'T KNOW		Result
Have you been vaccinated against TB?	YES/NO		
Have you a visible BCG/TB scar?	YES/NO		
Have you ever had measles?	YES/NO		
Have you been vaccinated for measles	YES/NO		
Have you had MMR vaccination?	YES/NO	1. 2.	
Have you had German Measles (Rubella)	YES/NO		
Have you been vaccinated against Rubella	YES/NO		

If you have answered yes, you must supply us with a validated sample copy of your blood report. Send copies with your completed questionnaire otherwise it may delay you commencing employment.

Alternatively if you have had vaccinations from another Occupational Health Department we could contact them for your immunisation and vaccination record and therefore require your consent. Please complete signed consent form top of page 5.

DECLARATION:

I declare that I have answered the questions honestly, to the best of my knowledge and belief, and I am not aware of any other health problem which may have an impact on my work

Signed _____ **Date:** _____

CONSENT * delete as applicable

I give / do not give* my consent for the Occupational Health Department to seek a report on my vaccination history from the following Occupational Health department.

Print Name.....

D.O.B.....

Signature.....

Date

Name of Occupational Health Department that request to be sent

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Address of Department.....

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PLEASE RETURN TO

**Occupational Health Department, 72 Heath End Road,
Nuneaton, Warwickshire, CV10 7JQ
Telephone Number 02476865056
Fax Number 02476 865091**