

OCCUPATIONAL HEALTH DEPARTMENT

To be completed by the appointing officer

Please print and complete all information required by the appointing officer.

PLEASE NOTE THAT IF THE DETAILS BELOW ARE NOT FULLY COMPLETED BY THE APPOINTING OFFICER THAT THIS DOCUMENT WILL BE RETURNED TO THEM FOR COMPLETION AND CLEARANCE WILL BE DELAYED

I would like to request that a pre employment / pre placement health assessment be undertaken for the purpose of safe job placement for the following applicant.

Applicants name.....

Job Title.....

Department..... Proposed start date.....

Hours of work: Full Time Part Time If P/T No of hours

Please enclose current job description for post applied for

Is the candidate to be

Exposed to: COSHH Manual Handling Display Screen
Radiation Noise Vibration

Does this post involve EPP YES/NO

PLEASE PRINT LEGIBLY AND COMPLETE FULLY

Name.....(Appointing Officer) Date.....

Job Title.....

Signature.....

Work address.....

Contact Telephone Number.....

Occupational Health health assessment information for all NHS Trust staff.

NHS Trusts are required to assess and wherever possible minimise any health risks to you and to patients. It is therefore essential that you read this information carefully before completing the health questionnaire.

If you are aware that you have any infectious disease or other health related condition that may impact upon your work, you have a responsibility to discuss these with the OHS. All NHS Trusts have a positive attitude to the employment of individuals with disabilities and will make every effort to support necessary workplace adjustments. As the risk of some workplace hazards may be increased during pregnancy, please discuss any concerns you may have with your manager or an occupational health nurse advisor

Please answer the questions on the subsequent pages, giving as much detail as possible. Failure to disclose or give false information could put you or others at risk and could lead to the termination of your employment. The information you provide will be stored on an electronic system and will comply with the requirements of the Data Protection Act 1998

Prospective staff will be required to provide information relating to their immunity to TB, Rubella, Varicella, and Hepatitis B.

In addition, staff undertaking exposure prone invasive procedures, (EPPs) i.e. any surgical duties, Obs / Gynae, and A&E are required to provide evidence of having undergone a validated blood test showing Hepatitis B surface antigen status. Hepatitis C screening is also required for any HCW who commenced after 1st September, 2002. If this information is not available, there may be a delay in the OH clearance and hence the date that you could join the Trust. Your consultant will be advised that you cannot undertake EPPs until appropriate information has been received. If you have worked for 6 months or more in areas of the world where TB is endemic, you will be required to undergo a Chest X Ray. As BCG only provides limited protection against TB, you should report any symptoms such as malaise, fever, weight loss or persistent cough.

To be completed by the applicant
Please read this form all the way through before starting to complete it

Questions are asked about your past and present health, medical treatment and any impairment, which may have implications for health and safety. The information you provide will remain confidential to the Occupational Health Department.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the Occupational Health Department for advice on 024 7686 5056.

Declaration
I declare that all of the following statements and information is true to the best of my knowledge.

Signed..... Date.....

PLEASE RETURN TO DEPARTMENT PRIOR TO YOU HEALTH INTERVIEW
Occupational Health Department
George Eliot Hospital Site
72 Heath End Road
Nuneaton
CV10 7JQ
Telephone: 024 7686 5056

Pre-employment questionnaire for all NHS staff

First name..... Surname.....

Maiden name..... Date of birth.....

Address.....
.....

Post code..... National Insurance Number.....

Telephone (home)..... GP Name.....

Telephone (work)..... GP Address.....

Telephone (mobile)..... GP Tel. No.....

Directorate..... Department..... Base.....

Post title..... Start date.....

Have you worked for an NHS Trust previously? YES/NO

If yes which Trust have you worked for?.....

Have you ever been refused employment on medical grounds? YES/NO

Please give the name and address of your previous employer

Employer	Country	From	To	Post title

1. Do you need any special aids/adaptations to assist you at work whether or not you have a disability? The meaning of disability under the Disability Discrimination Act, is defined as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities” YES/NO

Please give details

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2. Do you have any back problems or other musculo -skeletal problems which will cause difficulty with bending, lifting or standing for long periods YES/NO

Please give details below, including any periods of sickness absence

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3. Do you have a history of anxiety, depression, psychiatric disorder, stress related problems, eating disorders, drug/alcohol misuse, self harm or overdose? YES/NO

Please give details below, including any periods of sickness absence

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4. Do you take any regular prescribed medication? If so, please list below YES/NO

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.....

5. Do you have any skin conditions i.e. eczema, dermatitis or psoriasis or allergies to skin products? YES/NO

Please give details below

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.....

6. Do you wear latex gloves as a routine part of your work? YES/NO

7. Do you have any skin problems whilst wearing latex gloves? YES/NO

Please give details below

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8. Have you ever been diagnosed with a latex sensitivity? YES/NO

9. Have you, at any time, experienced fits, faints or blackouts? YES/NO

Please give details below

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.....

10. Do you have asthma, hayfever or any other allergic condition including sensitivity to antibiotics. YES/NO

Please give details below

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.....

11. Do you have any heart disease, circulatory disorders or high blood pressure YES/NO

Please give details below

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.....

12. Are you going to work regularly on night duty either on rotation or permanently? YES/NO

If yes, are you usually able to take a minimum of six hours uninterrupted sleep following a night shift? YES/NO

13. Do you have any other health issues which may affect your work in any way? YES/NO

Please give details below

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.....

14. If you have entered the NHS via an overseas route, please give details of when and where you last had a chest x ray

.....
.....

SICKNESS

15. How many days of sickness absence have you had from work in the last 2 years?

a) Episodes of sickness.....

b) Days.....

c) Reasons for the sickness.....

16. Have you had more than four continuous week's sickness absence from work in the last five years?

Please give details.....

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Immunisation record - all applicants to complete this section

	Please circle appropriate response	Date of immunisation or test result	Result
Have you been immunised against Hepatitis B?	YES/NO	1. 2. 3. Booster	Antibody level =
Have you ever had Varicella? (Chicken pox)	YES/NO/UNSURE DON'T KNOW		
If you have not had Varicella, have you been immunised?	YES/NO		DATE
Have you been vaccinated against TB?	YES/NO		DATE
Have you a visible BCG/TB scar?	YES/NO		
Have you had a Heaf or Mantoux test?	YES/NO/DON'T KNOW		Grade
Have you had MMR vaccination?	YES/NO If yes how many 1 or 2		1 st 2 nd
Have you had Rubella? (German Measles)	YES/NO		Positive serology Vaccinated

Do you have any of the following symptoms?

Have you any unexplained cough for more than 3 weeks?

YES/NO

Any fever especially at night?

YES/NO

Any unexplained weight loss?

YES/NO

Generally feeling unwell?

YES/NO

PLEASE ENCLOSE ANY EVIDENCE YOU HAVE REGARDING YOUR IMMUNE STATUS TO HEP B, HEP C, RUBELLA AND VARICELLA.

If you are a surgeon, medical staff, midwife, dentist, podiatrist, healthcare worker in A & E or renal dialysis or a scrub nurse / practitioner in theatres please continue overleaf.

TO BE COMPLETED BY STAFF TO BE UNDERTAKING EPP

Exposure Prone Procedures (EPP)

Procedures where the gloved hands may be in contact with sharp Instruments, needles or sharp tissue (e.g. spicules of bone and teeth) inside the patients open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

16. Have you worked in the NHS performing EPP before 1st September, 2002? YES/NO

17. If you started in the NHS performing EPP after 1st September, 2002, have you been screened using a validated sample system for Hepatitis C antigen/ antibody? YES/NO

**If yes, you must supply us with a validated sample copy of your blood report.
Failure to do so will delay your start date.**

18. If you started in the NHS performing EPPs after 1st January 2003, have you also been screened for Hepatitis B antigen using a validated sample system? YES/NO

**If yes you must supply us with a validated copy of your blood report.
Failure to do so will delay your start date.**

If you have not had the screening done you will be required to have a blood test as below.

19. Are you going to perform EPP for the first time in this post? YES/NO

20. Are you new to the NHS? YES/NO

If you are new to the NHS or you are performing EPP for the first time you will be mandatory required to have a blood test for Hepatitis B and Hepatitis C screening in line with the Department of Health guidelines, prior to you starting. Failure to do so will delay your start date.

You must bring with you to your screening appointment a form of identification such as a passport or photograph driving licence in order to prove your identity.

For Medical staff only:

21. Do you currently hold a Smart Card? YES/NO

If yes, are all your immunisation details on the card? YES/NO

If yes, I give consent to my Smart Card details being shared with other NHS Trusts that I will be working in.

Signed.....

Date.....

FOR OCCUPATIONAL HEALTH USE ONLY

Suitable for employment YES/NO

Signed / Position Date.....

Will this post involve EPP YES/NO

Satisfactory evidence obtained YES/NO

Health interview by nurse/doctor FIT/UNFIT

Reason for unfit
.....

Date.....

Proviso

No EPP work until adequate proof obtained

Disability Discrimination Act 1995

Night Worker

Young Worker

Hepatitis B vaccination on commencement

Other.....