Initial health assessment form

Your answers to this questionnaire will be treated as CONFIDENTIAL by the Occupational Health Department of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and will not be given to anyone else without your written permission. The purpose of this questionnaire is to ascertain whether you have any health problems that could affect your ability to undertake the duties of the post 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 in order to enable you to do the job. Our aim is to promote and maintain the health of all people at work. It may be appropriate to ask you to attend an appointment with an Occupational Health Advisor/Physician in order to support you in your new role within our organisation.

Please fill in this form using BLOCK CAPITALS.

1. Job details:

Proposed job title: ..... **Department:** .....

Proposed start date: ..... **Line manager (if known)**: .....

Do you now work or have you ever worked at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) Yes ☐ No ☐

If yes, please provide details: .....

2. Personal details:

Surname: ..... **Forename(s):** ..... **Previous surname:** .....

Title: ..... **Sex:** ..... **Country of birth:** ..... **Date of birth:** .....

Home address: .....

.....

Mobile telephone: ..... **Home telephone:** .....

E-mail address: .....

3. Occupational History:

Do you have any health condition that could require adjustments at work? Yes ☐ No ☐

If yes, please give details (continue on a separate sheet as appropriate): .....

.....

Do you receive or have you ever received any pension or ill health allowance due to illness or accident? Yes ☐ No ☐

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How many days (and episodes) have you been absent from work or full-time study due to ill health in the last two years (including minor illnesses such as colds)? If nil write "NIL". Please continue on a separate sheet if needed.

Date from	Date to	Number of days/episodes	Reason for absence

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4. Medical History:

Please answer all the questions below. If you tick 'Yes', please enter details in the comments column, including dates, treatment(s) and whether there are ongoing symptoms and, if so, whether activities at home or at work have been, or could be, affected. Use a separate sheet if required.

Please note that individuals with health-related problems will not be discriminated against.

Do you suffer from or have you ever suffered from any of the following?

	Medical History	Yes	No	Comments
1	Illness or injury requiring treatment or investigation in hospital	☐	☐	
2	Circulatory conditions e.g. angina, heart attack, high blood pressure, anaemia, varicose veins, stroke, thrombosis, oedema etc.	☐	☐	
3	Chest conditions e.g. shortness of breath, asthma, bronchitis, pleurisy, pneumonia, TB, emphysema or habitual cough	☐	☐	
4	Stomach or bowel conditions including ulcers, indigestion, gall bladder disease, jaundice, hernia	☐	☐	
5	Kidney or bladder conditions, incontinence, prostate problems or blood in the urine	☐	☐	
6	Recurrent headache, migraine, dizziness, fits, fainting, blackouts, and/or loss of balance	☐	☐	
7	Any medical condition likely to cause sudden incapacity or loss of consciousness	☐	☐	
8	Dermatitis, eczema or other skin disorder	☐	☐	
9	Diabetes	☐	☐	
10	Any hearing difficulties not corrected with a hearing aid	☐	☐	
11	Any eyesight problems not corrected with glasses	☐	☐	
12	Ear, nose, throat, or sinus conditions	☐	☐	

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Medical History continued		Yes	No	Comments
13	Eye conditions or disease e.g. glaucoma, loss of vision, double vision or blurring	☐	☐	
14	Any mental illness or psychological problems, including depression, psychosis, anxiety, schizophrenia, self-harm or attempted suicide	☐	☐	
15	Any eating disorder	☐	☐	
16	Abuse of drugs, alcohol or other substances	☐	☐	
17	Seizures, epilepsy, blackouts, sudden dizziness or loss of consciousness	☐	☐	
18	Non infective diarrhoea, enteric fever, typhoid, parathyphoid, ecoli, salmonella or Hepatitis A	☐	☐	
19	Tropical disease or any condition contracted abroad	☐	☐	
20	Conditions affecting joints, muscles or ligaments e.g. arthritis, back, neck problems, fibromyalgia	☐	☐	
21	Difficulty with driving/walking/normal daily activities	☐	☐	
23	Have you any medical condition which you believe to have been caused by, or made worse by work?	☐	☐	
24	Have you any health problem or symptoms or awaiting treatment at the moment?	☐	☐	
25	Are you taking regular medication?	☐	☐	
26	What is your height?			
27	What is your weight?			

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Have you ever worked or lived abroad? Yes ☐ No ☐

If yes, please give details, e.g. for how long? What type of accommodation were you living in etc?

.....

Please supply documentary evidence of your immunisation history from your GP/ previous Occupational Health provider.

Immunisation	Yes	No	Don't know	Dates	Test results
DPT (Diphtheria, Tetanus, Polio)	☐	☐	☐	.....	.....
MMR 1st Dose	☐	☐	☐	.....	.....
2nd Dose	☐	☐	☐	.....	.....
TB test (Mantoux)	☐	☐	☐	.....	.....
BCG (TB vaccination)	☐	☐	☐	.....	.....
Chicken pox (varicella)	☐	☐	☐	.....	.....
Hepatitis A	☐	☐	☐	.....	.....
Hepatitis B Vaccinations:					
1	☐	☐	☐	.....	.....
2	☐	☐	☐	.....	.....
3	☐	☐	☐	.....	.....
Antibody Blood Test	☐	☐	☐	.....	.....
Booster Vaccination	☐	☐	☐	.....	.....
Antibody blood Test	☐	☐	☐	.....	.....

5. Declaration:

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I confirm that all the answers given above are true to the best of my knowledge and have been recorded accurately. I understand that any information that is found to be deliberately inaccurate or omitted may subsequently lead to a review of my employment situation and/or my dismissal.

Signature: ..... **Date:** .....

Health Clearance for exposure prone staff

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) classifies all Medical staff, Midwives, Operating Theatre workers and certain other Nursing staff in acute Clinical areas as potentially exposure prone. Naturally, students on placement in these areas are also judged to be potentially exposure prone. As such, these staff groups need additional clearance to work in their Clinical areas. The basic clearance will also of course be required.

The Department of Health issued guidance in March 2007 **(Health Clearance for tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers - DOH – Health Protection Division, March 2007**), also available at www.dh.gov.uk/publications, with the following recommendations:

- Exposure prone workers new to the NHS or entering training posts where exposure prone procedures may be undertaken should be tested for HIV and Hepatitis C.
- The testing should be done in an Occupational Health department and be identified and validated (ie photo id such as passport or driving licence should be seen at the time the sample is obtained and a copy made).
- These tests need to be performed just once in the person's career. After this time it is the professional responsibility of the staff member to report any risks, personal or professional, and be retested accordingly.
- If staff refuse to have the tests the employer will need to exclude them from performing exposure prone procedures and this may impact on their future career.
- TB screening*:* Employees new to the NHS should not start work until screened for TB, or until documentary evidence of such a screen conducted within the previous 12 months is received. Screening may involve Chest X-ray, skin testing and history taking.

Please be advised that, when you are screened for employment or training here, you may be asked to undergo these tests. If you have any reason to be concerned, it is recommended that you arrange testing elsewhere (possibly at a GU Medicine clinic) in advance of attending Occupational Health so that you will know the results of any testing done here. Please advise our nursing staff if you wish to speak to one of us in confidence prior to testing. Due to the nature of Occupational Health it is not possible to give individual pre-test counseling to all staff, hence the advice above.

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Consent to apply for and release personal Medical information

In some circumstances we may wish to contact your GP or Specialist for further information about your health. In order for us to approach your GP or Specialist, please provide the following information:

About yourself:

Surname: ..... **Forename(s):** ..... **Date of birth:** .....

Home address: .....

.....

Mobile telephone: ..... **Home telephone:** .....

About your Family Doctor (GP):

Name: ..... **Telephone number:** .....

Full address: .....

.....

About your Hospital Specialist (if applicable):

Specialist name: ..... **Hospital number:** .....

Department and full address: .....

.....

Declaration:

I consent to my GP and/or Specialist providing the Occupational Health Department with a Medical report and/or a copy of my Medical records. **Yes ☐ No ☐**

I wish to see the report and/or records before it is sent to the Occupational Health Department. **Yes ☐ No ☐**

I have received the 'Access to Medical Reports Act Consent Information Sheet' and I understand the information given will be retained by the Occupational Health Department on a confidential basis and that any advice given to management will be expressed in terms of my fitness for employment and /or my fitness to carry out my duties both now and in the future. **Yes ☐ No ☐**

Signature: ..... **Date:** .....

OCCUPATIONAL HEALTH

Consent to apply for and release personal Medical information under the access to Medical Reports Act (AMRA) 1988

Information Sheet

The Occupational Health Nurse/Physician may wish to write to your doctor to request a Medical report on you (your doctor being your family doctor or, in the case of hospital treatment, your hospital specialist). The consent form requests your formal consent and it will be forwarded to your doctor at the time of application for information.

Under the terms of the Access to Medical Reports Act 1988 you have the following rights:

A	You can refuse to give consent.
B	If you do give consent you have the right, if you wish, to see the Doctors report before it is sent to the Occupational Health Department.
C	If you opt to see the report you must ask your doctor for sight of it within 21 (twenty-one) days of the date on which it was requested (you will be told in writing what that date is). If you fail to meet this deadline the report (providing you have given consent) will be sent automatically to the Occupational Health Department.
D	When you have seen the report you have the right, if you wish, to withdraw your consent to it being sent.
E	If you consider any of the information contained in the report to be incorrect or misleading you can ask for it to be amended. However, you must do this in writing. If your doctor does not agree that the information is misleading or incorrect he /she does not have to amend the report. Instead you will be invited to prepare a written statement giving your views of the disputed information. This statement will be included when your GP / Specialist sends the report to the Occupational Health Department.
F	You will continue to have right of access to the report for up to 6 (six) months after it has been sent to the Occupational Health Department. If, within that six month period you wish to see the report you must first obtain permission from your doctor as the Occupational Health Department cannot disclose the report to you.
G	If you just want to see the report it will cost you nothing but if you wish to have a copy for your records your doctor may charge a fee for this service.
H	Your doctor has the right to withhold from you any information, which he/she considers may cause serious harm to your physical or mental health. In some cases the doctor may allow you to see only part of the report.

The information provided in the medical report will be retained by the Occupational Health Department on a confidential basis and any advice given to management will be expressed in terms of fitness for employment and/or fitness to carry out duties both now and in the future, having considered the information provided by your GP/ Specialist.

OCCUPATIONAL HEALTH

Please contact the Occupational Health Department if you have any queries.

Castle Lane East, Bournemouth, Dorset BH7 7DW
Tel: 01202 704217 Fax: 01202 704513 e-mail: occupational.health@rbch.nhs.uk

Universal Consent form for Vaccinations and Pathology Request Forms

I give my consent for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) Occupational Health Department to forward copies of my vaccination information and pathology reports to any Occupational Health Department which legitimately requests such information for the purpose of my employment.

I also consent to the RBCH Occupational Health Department obtaining my vaccination status and pathology reports from any other Occupational Health Department for the purpose of my employment. (Please add the address and/or fax number of where your vaccinations can be obtained from): .....
.....

This consent form allows for the requesting and receiving of your vaccination and pathology reports between Occupational Health Departments. This does not give consent for the release of any other Occupational Health records

Signed: .....

Print Name: .....

Date of birth: .....

Nurse Advisor: .....

Date: .....

This consent is valid for three years from date of signing.

Data Protection Act 1998:

The information you provide, together with other information from healthcare professionals, will be used for the provision and administration of your care . Everyone working for the NHS has a legal duty to keep information about you confidential.