

# IMPERIAL COLLEGE LONDON HEALTH SERVICE

## OCCUPATIONAL HEALTH

### Health Surveillance: Biological Agents

**CONFIDENTIAL**

#### Explanatory note.

The COSHH Regulations require that individuals working with certain higher risk biological agents (including those that are genetically modified) are kept under health surveillance. In most instances, this is confined to simple health screening before starting work to identify anyone who may be at increased risk of infection and maintaining a record of a person's involvement in such work. If there is a need for further surveillance during work this will be specified in project risk assessment.

The information that you supply on this form will be held in confidence by the College Occupational Health Service at South Kensington as part of your occupational health record.

Please complete all sections of the form and send it to the College Occupational Health Service at South Kensington campus. An OH Adviser will contact you if further information is required.

You should inform the College OH Service:

- if you are ever involved in any incident where you may be accidentally exposed to the pathogen(s) you work with.
- If you develop symptoms that might be caused by exposed to the pathogen(s) you work with
- If you develop any health condition which may increase your risk of infection if exposed.
- If you change your address or name.

If you also work with laboratory animals, insects or glutaraldehyde & have not yet enrolled for health surveillance for these activities you should also complete a BioMedical Sciences health surveillance form & arrange an appointment with your campus OH Service for lung function tests.

### 1. Personal details

Surname \_\_\_\_\_ Forenames \_\_\_\_\_ Male/ Female \_\_\_\_\_

Surname at birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

NHS No. \_\_\_\_\_ N.I. Number \_\_\_\_\_ Passport No. \_\_\_\_\_  
(Non-UK Nationals only)

Status: ..... STAFF/ POSTGRADUATE STUDENT/ UNDERGRADUATE STUDENT/VISITOR/ OTHER \_\_\_\_\_

Faculty \_\_\_\_\_ Division \_\_\_\_\_ Department/Section \_\_\_\_\_

Campus \_\_\_\_\_ Building/Room No \_\_\_\_\_ Internal Phone No \_\_\_\_\_

Residential address: \_\_\_\_\_ GP name & address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

NB Animal workers' residential addresses will not be recorded on their computer file

### 2. Project information

1. What pathogens do you use in your research? \_\_\_\_\_

2. Are these attenuated or genetically modified strains? (Tick if yes & give details in answer to Q3)..... Attenuated ☐ Modified ☐

3. Brief description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Date work begins: \_\_\_\_\_ Intended duration: \_\_\_\_\_

5. Does your work involve handling of human tissue (including blood or serum)? ..... Yes ☐ No ☐

6. Does your work involve fieldwork abroad? ..... Yes ☐ No ☐

7. Name of Principal Investigator \_\_\_\_\_ email \_\_\_\_\_ Phone no. \_\_\_\_\_

### 3. Medical information

1. Have you suffered from any bone marrow disorder or any form of cancer?.....Yes ☐ No ☐
2. Do you have sickle cell disease? .....Yes ☐ No ☐
3. Have you had your spleen removed? .....Yes ☐ No ☐
4. Have you been treated with steroids in the past 18 months? .....Yes ☐ No ☐
5. Do you have eczema, psoriasis or other skin disease? .....Yes ☐ No ☐
6. Do have any chronic lung or heart disorder? .....Yes ☐ No ☐
7. Do you have any other health problem that may affect your resistance to infection.....Yes ☐ No ☐
8. Is there a history of immuno-deficiency or susceptibility to infection in your family? .....Yes ☐ No ☐
9. Do you take any medicines (including non-prescription drugs) regularly?.....Yes ☐ No ☐
10. Have you ever had a fit or blackouts?.....Yes ☐ No ☐
11. Do you have any physical impairment that may affect your ability to work safely in a laboratory e.g. restricted mobility, significant visual impairment, impaired hearing, co-ordination or dexterity? .....Yes ☐ No ☐
12. (women only) Are you pregnant or considering pregnancy during the duration of this project? .....Yes ☐ No ☐

If you have answered **yes** to any of the above give details \_\_\_\_\_

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13. a Have you been vaccinated against Hepatitis B?.....Yes ☐ No ☐
- b When? \_\_\_\_\_ Has your antibody level been checked?.....Yes ☐ No ☐
- c If yes, what was the result? \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Once completed, send your form to the College Occupational Health Service, South Kensington campus

If you are a **new member of staff**, enclose your **pre-employment health questionnaire** along with the form. Do not send it to your campus Occupational Health Clinic.

**Send forms to:** Occupational Health Service  
Imperial College London  
Rear of Ace Extension  
South Kensington campus  
London  
SW7 2AZ

<b>For OH use only</b>	
Fitness classification:	
Vaccination:	
Periodic surveillance:	
Data entry:	
Notified:	
Advice given:	
Signed:	Date