Confidential – Pre-Employment Health Assessment

The Royal Bournemouth Hospital
Occupational Health Department
Castle Lane East
Bournemouth
Dorset
BH7 7DW
Tel: 01202 704217
704213
Occupational.Health@rbch.nhs.uk

PERSONAL DETAILS: (Please fill in this form using BLOCK CAPITALS)			
Surname:		**Forename(s):**	**Maiden Name:**
Title:	**Sex:**	**Proposed job title:**	**Date of birth:**

Your Home address:	**Mobile:** **Home Tel No:**	**Country of Birth:**
Proposed Department & Start date:	**e-mail:**	
Do you currently work at Royal Bournemouth Hospital? Yes No **Department:**	**Have you worked at Royal Bournemouth before? Yes No** **If yes, when?**	

OCCUPATIONAL HISTORY:		
Do you have any health condition that could require adjustments at work? please give details (continue on a separate sheet as appropriate)	Yes	No
Do you receive / have you ever received any pension, ill-health allowance or compensation due to illness or accident? please give details (continue on a separate sheet as appropriate)	Yes	No
Any record of previous exposure to health hazards? If Yes, please indicate by circling below where relevant: Noise / Vibration / Respiratory Sensitisers / Skin Sensitisers / Carcinogens / Equipment / Ionising Radiation / Malaria / Other (please give details)	Yes	No
ATTENDANCE HISTORY:		
Have you changed your pattern or methods of work or left work for any medical reasons? Please give details	Yes	No

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:	Number of days/ Episodes:	Reason for absence:

MEDICAL HISTORY: Please answer all the questions below. If you answer "Yes", please enter details in the comments column, 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.**

INDIVIDUALS WITH HEALTH RELATED PROBLEMS WILL NOT BE DISCRIMINATED AGAINST

Do you suffer from or have you **ever** suffered from **any** of the following?		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 trouble, ulcers, indigestion, gall bladder disease, jaundice, hernia?			
5	Kidney or bladder complaint, 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?			
9	Dermatitis, eczema or other skin disorder?			
10	Diabetes?			
11	Ear, nose, throat, sinuses, or dental disorder?			
12	Eye conditions or disease e.g. glaucoma, loss of vision, double vision or blurring?			
13	Have you ever had any mental illness or psychological problems, including depression, anxiety, schizophrenia or self-harm? Please give details in section D			
14	Have you ever suffered from anorexia or bulimia?			
15	What is your weight?			
16	What is your height?			
17	Have you ever attempted suicide?			
18	Have you ever abused drugs, alcohol or other substances?			
19	Have you ever had seizures, epilepsy, blackouts, sudden dizziness or loss of consciousness?			

20	Tropical disease or any condition contracted abroad?			
21	Conditions affecting joints, muscles or ligaments eg arthritis, back or neck problems?			
22	Difficulty with driving/walking/normal daily activities?			
23	Are you taking regular medication?			
24	Have you any medical condition which you believe to have been caused by, or made worse by work?			
25	To the best of your knowledge are you in good health?			
26	**Females only**: Are you currently pregnant or breast feeding?			
27	Have you any health problem or symptoms at the moment?			

IMMUNISATION	YES	NO	DON'T KNOW	DATES	TEST RESULTS
Have you ever worked or lived abroad? If so please give details					
DPT (Diptheria, Tetanus, Polio)					
MMR 1st Dose 2nd Dose					
TB test (Mantoux)					
TSPOT					
BCG (TB vaccination)					
Chicken pox (varicella)					
Hepatitis A					
Hepatitis B Vaccinations: 1 2 3 Antibody Blood Test Booster Vaccination Antibody blood Test					

DECLARATION:			
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, which is found to be deliberately inaccurate or omitted, may subsequently lead to a review of my employment situation and / or my dismissal.			
Signature:		**Date:**	

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

CONSENT TO APPLY FOR AND RELEASE OF PERSONAL MEDICAL INFORMATION

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

About yourself

Surname:		Date of Birth:	
First name(s):		Telephone No:	
Full address: Post Code:			

About your Family Doctor (GP)

Name:		Telephone No:	
Full address: Post Code:			

About your Hospital Specialist (if applicable)

Name:		Hospital number:	
Department: Full address: Post Code:			

DECLARATION

I consent / I do not consent (**delete as appropriate**) to my GP and / or Specialist providing the Occupational Health Department with a medical report or / and a copy of my medical records.
I do wish / do not wish (**delete as appropriate**) to see the report / records before it is sent to the Occupational Health Department
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.

Signature:		**Date:**	

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NHS Foundation Trust

CONSENT TO APPLY FOR AND RELEASE OF 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.

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

FOR OFFICIAL USE ONLY

What is your height: ……. What is your weight: ……. BMI: …….

Are you a smoker? **YES / NO** How many do you smoke per day? ……..

Are you an ex-smoker? **YES / NO** How many did you smoke? ……..

VISUAL ACUITY (R) (L) ISHIHARA TEST

NEAR VISION

DISTANCE VISION

MIDDLE VISION

SICKNESS IN THE LAST TWO YEARS:

BLOOD PRESSURE:

URINALYSIS:

COMMENTS:

Bloods taken for: Hep B Abs ☐ Hep B Core ☐ Hep C ☐

Rubella ☐ Varicella ☐ Measles ☐

Hep B Surface Antigen ☐ HIV ☐

BCG scar seen:

Site (signature):

Date seen by OH Nurse / Doctor:

Fit ☐

Unfit ☐

Fit within limitation stated:

SIGNATURE: ……. DATE: …….

Occupational Health Doctor/Nurse)

The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS TRUST

OCCUPATIONAL HEALTH DEPARTMENT

WHEN YOU HAVE COMPLETED THE ENCLOSED HEALTH DECLARATION WOULD YOU PLEASE REMEMBER THAT IF YOU HAVE BEEN VACCINATED AGAINST HEPATITIS B THAT YOU ENCLOSE:

DATES OF VACCINATIONS

COPY OF BLOOD REPORT

IF YOUR HEPATITIS C STATUS HAS BEEN CHECKED ON A BLOOD TEST, PLEASE PROVIDE A COPY OF THE RESULT

PLEASE NOTE THAT THIS IS AN ESSENTIAL PART OF THE PRE-EMPLOYMENT SCREENING PROCESS AND FAILURE TO COMPLY COULD CAUSE DELAY IN YOUR HEALTH CLEARANCE

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Health Clearance for Exposure-Prone Staff

The Royal Bournemouth Hospital 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 potentially exposure-prone. As such, these staff groups need additional clearance to work in their clinical areas. The basic clearance will also naturally 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 Xray, 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 counselling to all staff, hence the advice above.