



## **Education Staff Pre-Employment Health Declaration Form**

This form **must** be completed by the preferred candidate **immediately** after a job offer has been made.

Once a job offer has been made the preferred candidate should complete this form. The school will review the form and where necessary make reasonable adjustments that may be necessary. This may require an interview with the preferred candidate either over the phone or face to face.

**Job details:**

School Name:				Position			
Please select school type:							
Primary		Mainstream		Pupil referral unit		SILC	
Secondary		If secondary school please state subject taught:					

**Personal contact details:**

Surname			
Forename(s)			
Address			
	My preferred contact number is:		
Home telephone			
Mobile telephone			
Work telephone			
Home email			
Work email			
Date of birth			
National insurance number			
Have you ever completed a health declaration form before for Leeds City Council for a post you were subsequently appointed to?			Y N
If yes then please give details here.			

### Occupational history (including voluntary work):

Job title	Company name	Dates from / to	Role	
Have you ever been denied a job on health grounds?			Y	N
Have you ever left a job or retired on health grounds?			Y	N
How many days sick leave did you take in the last year?				
Have any adjustments been made for you to accommodate a health condition in any employment?			Y	N
Have you ever been advised to avoid any specific working environment(s)?			Y	N
<p>The statement below defines disability. Please read it carefully and then answer the question.</p> <p><b>“Where a person has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”</b></p> <p>People with HIV, cancer and multiple sclerosis will be deemed to be covered by the Equality Act 2010 from the point of diagnosis, rather than the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.</p>				
Do you consider yourself to have a disability under the above definition?			Y	N
If yes, please give details including any reasonable adjustments you think you may need to enable you to do the job role effectively:				
Have you ever been exposed to any of the following: excessive noise, radiation, vibration, respiratory or skin hazards			Y	N
If yes, please give details:				
Do you have or have you had an industrial injury or illness?			Y	N
If yes, please give details:				
Have you ever been part of a health surveillance programme?			Y	N

If yes, please give details:		
Have you ever worn personal protective equipment as part of your job?	Y	N
If yes, please give details:		

### Medical history

For each of the following questions, please feel free to enclose additional sheets of paper to detail your medical condition

Have you ever had time off work with, any of the following?		
Heart trouble ( <i>including angina, congenital heart defects, history of heart attacks, arrhythmia, etc</i> )	Y	N
If yes, please give details including any treatment and effect on work:		
High blood pressure	Y	N
If yes, please give details including any treatment and effect on work:		
Respiratory problems ( <i>bronchitis, asthma, TB, pneumonia, etc</i> )	Y	N
If yes, please give details including any treatment and effect on work:		
Digestive disorders ( <i>gastric ulcer, bowel complaints, IBS, colitis, Crohn's disease, incontinence, pancreatitis, etc</i> ).	Y	N
If yes, please give details including treatment and effect on work:		
If you are applying for a role that involves food handling, or as a carer, have you had or been a carrier of food poisoning / borne disease.	Y	N
If yes, please give details including treatment and effect on work:		
Gall bladder, liver or kidney disease, kidney stones, chronic cystitis.	Y	N
If yes, please give details including treatment and effect on work:		
Hernia.	Y	N
If yes, please give details including treatment and effect on work:		
Back, neck or joint disorders ( <i>tennis elbow, arthritis, prolapsed discs, osteoporosis, etc</i> ).	Y	N
If yes, please give details including treatment and effect on work:		

Work-related limb disorders.	Y	N
If yes, please give details including treatment and effect on work:		
Do you get any tingling, numbness or whitening of your fingers? ( <i>hand, arm vibration syndrome, vibration white finger, Reynard's Syndrome, etc</i> ).	Y	N
If yes, please give details including treatment and effect on work:		
Epilepsy, fits, blackouts, fainting attacks, dizziness or vertigo.	Y	N
If yes, please give details including treatment and effect on work:		
Mental health problems or nervous debility ( <i>anorexia, bulimia, schizophrenia, bi-polar, depression, anxiety, OCD, personality disorder, psychosis, panic attacks, autistic spectrum disorders, etc</i> ).	Y	N
If yes, please give details including treatment and effect on work:		
Hearing impairments.	Y	N
If yes, please give details including treatment and effect on work:		
Visual impairments ( <i>partial blindness, tunnel vision, colour blindness, detached retina, etc</i> ).	Y	N
If yes, please give details including treatment and effect on work:		
Skin conditions ( <i>psoriasis, eczema, dermatitis, etc</i> ) which may be relevant to the role applied for.	Y	N
If yes, please give details including treatment and effect on work:		
Allergic conditions which may be relevant to role applied for.	Y	N
If yes, please give details including treatment and effect on work:		
Diabetes ( <i>type 1 or 2</i> ).	Y	N
If yes, please give details including treatment and effect on work:		
Drug, alcohol, solvent dependency or misuse?	Y	N
If yes, please give details including treatment and effect on work:		
Are you at present on any treatment e.g. injection, tablets, or medicines that may be relevant to the role you have applied for?	Y	N
If yes, please give details including treatment and effect on work:		

Do you have any other condition or injury not mentioned above which has or could result in time lost from work, or affect your ability to carry out this role?	Y	N
If yes, please give details including treatment and effect on work:		

### Immunisation history

Have you ever had these immunizations? (please provide dates if known)		
Hepatitis B	Yes/No	Date:
TB (BCG)	Yes/No	Date:
Tetanus	Yes/No	Date:

### Ability to undertake common duties of employees working in schools and education.

The following examples are common duties for educational staff. Please consider each of the examples carefully and then state in the box at the end if you would require any adjustments to be able to undertake the example activities. Not all the activities will be relevant to your role.

1. Working in a noisy environment such as a classroom full of children. Able to speak audibly, hear other people speak to you and respond to emergency alarms. This environment could include those with machines e.g. design & technology, music, drama, etc.
2. Undertaking higher level supervision, e.g. during break times, sports fixtures, educational visits, offsite education, etc.
3. Managing behaviour in school. This may include physical intervention if the situation required it.
4. Low level working or working at height, e.g. putting up displays, working on a stage, setting up apparatus in PE.
5. Working with a range of hazardous substances, e.g. chemicals for secondary science, sawdust, fumes, etc.
6. Mobility e.g. moving around a school site, standing for long periods, climbing stairs, getting up and down out of a chair, getting up and down off the floor.
7. Evacuations, e.g. being responsible for evacuating a class of children from a building.
8. Using display screen equipment (DSE), e.g. using a computer, using an interactive white board, etc.
9. Sustaining high level cognitive functions for a school day, e.g. memory skills, lesson planning and delivery, marking and assessing work, hazard spotting and behavior management.

If you believe that you would have difficulty in undertaking any of the example duties above due to a medical condition then please give details below.

### Section 3 Declaration

I declare that I have checked the details I have given and to the best of my knowledge they are correct. I understand that if I **knowingly mislead** in either the giving or omission of answers in this form, it may lead to the withdrawal of any offer of appointment or disciplinary action if the appointment has already been made.

If more detailed information is required, I understand that medically qualified occupational health nurses, physicians or HR advisers may contact me and/or arrange a meeting. I understand that they will act in accordance with rules controlling medical confidentiality and access to medical records.

I understand that no one will seek to gain any information directly from my General Practitioner (GP) or any other health professional, without my specific, informed consent.

Signed:

Date:

Print Name: