

WORKPLACE HEALTH QUESTIONNAIRE

The Appointing Manager **MUST** provide the following information in full. (Prior to sending to the successful applicant) If this information is not provided the form cannot be processed.

PLEASE RETURN THIS FORM DIRECTLY WITH YOUR IMMUNISATION HISTORY/OH RECORD TO THE WORKING WELL CENTRE

TO BE COMPLETED BY THE MANAGER:

Dr / Mr / Mrs / Miss / Ms (please indicate)

Surname:

First Name(s).....

Previous Surname:

Proposed Date of Commencement:.....

Permanent / Temporary / Full Time / Part Time / Locum

Bank / Training / Other:

If locum or training worker, please insert appropriate dates:

From:..... To:.....

Manager Contact Details:

Tel:Email:

Proposed Occupation:.....

Ward / Dept.: Directorate:

Location: Redditch/Worcester/Kidderminster/Bromsgrove/Malvern Evesham/Other

Employed by: (please indicate)

Worcestershire Acute Hospitals NHS Trust YES / NO

Worcestershire Health and Care Trust YES / NO

Other

DOES THIS POST INVOLVE ANY OF THE ITEMS LISTED BELOW (please indicate by **deleting incorrect response**)

Regular contact with patients or clinical waste?	YES	NO	Exposure to asbestos?	YES	NO
Undertaking exposure prone procedures? (See definition on page 2)	YES	NO	Exposure to noise?	YES	NO
Moderate / Heavy Manual handling?	YES	NO	Food Preparation?	YES	NO
HGV or Forklift Driving?	YES	NO	Work with hazardous chemicals (including cytotoxics & respiratory sensitisers, latex, solvents etc)?	YES	NO
Work with VDUs (more than 5 hours per week)?	YES	NO	Details: .latex.....		
Lone Working?	YES	NO	Night Working?	YES	NO
Intense emotional / psychological pressures?	YES	NO	Work at heights?	YES	NO
Exposure to Radiation?	YES	NO	Work in confined spaces?	YES	NO

TO BE COMPLETED BY THE EMPLOYEE: If you require any help completing this form, please contact the Occupational Health & Wellbeing Administrative Team, The Working Well Centre, Newtown Road, Worcester WR51JF. Tel: 01905 760693 / 4

Address: Female / Male (delete as appropriate)

..... Date of Birth:

Post Code: Home Telephone No:

Email address: Mobile Telephone No:

Present Occupation: Date started:

Last Occupation: Date started:

Name and Address of current or previous Occupational Health Department: (If applicable)

Have you ever worked for any of the Worcestershire NHS Trusts before? YES NO Date:

Have you lived or worked in a country other than the UK, European countries, New Zealand, USA and Canada?

If YES, which countries?

Dates:

Do you have any health issues that may affect your ability to undertake the duties of your role and may require workplace adjustment or changes to be made?

YES NO
(Please indicate as appropriate)

If YES, please give details:

Have you ever had any illness / impairment / disability which may have been caused or made worse by your work that may affect your ability to perform your prospective role?

YES NO
(Please indicate as appropriate)

If YES, please give details:

Are you having or waiting for treatment (including medication) or investigations at present that might affect your ability to perform your prospective role?

YES NO
(Please indicate as appropriate)

If YES, please give details:

ONLY TO BE COMPLETED BY EMPLOYEES WHO HAVE DIRECT PATIENT CONTACT
Infectious diseases, Immunisations and Vaccinations: Please enclose all information you have in relation to TB, Rubella, Measles, Varicella and Hepatitis B vaccination or Immunity.

VARICELLA:

Have you ever had chicken pox or shingles?

YES NO
(Please indicate as appropriate)

TUBERCULOSIS:

Have you lived continuously in the UK for the last 5 years

YES NO
(Please indicate as appropriate)

If NO, please list all the countries that you have lived in or visited for more than

4 weeks over the last 5 years: _____

Do you have reason to believe that you may have been exposed to Tuberculosis?

YES NO
(Please indicate as appropriate)

Have you had Tuberculosis?

YES NO
(Please indicate as appropriate)

Have you had a cough for more than 3 weeks or unexplained fever or loss of weight in the last 12 months?

YES NO
(Please indicate as appropriate)

If you are coming from a country with a high TB rate, you will require a chest x-ray and confirmation of BCG vaccination. Please enclose x-ray report from Port of Entry if this is available and documentary evidence of BCG vaccination. You must not commence work until cleared by Occupational Health and Wellbeing.

DEFINITION OF EXPOSURE PRONE PROCEDURES (EPP):

Exposure Prone Procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery. Most nursing duties do not involve exposure prone procedures; exceptions include A&E and some aspects of theatre nursing.

IF YOU WILL BE PERFORMING EPP'S PLEASE ENCLOSE ALL RESULTS YOU HAVE IN RELATION TO HEPATITIS B SURFACE ANTIGEN, HEPATITIS C AND HIV SCREENING.

HIV / AIDS:

Will you perform exposure prone procedures within your new role?

YES NO

IF YES, PLEASE SEE BELOW:

Do you have reason to believe that you may have been exposed to HIV?

Infection in any of the circumstances listed below?

YES NO Discuss Further

1. If you are male, engaging in unprotected sexual intercourse with another man.
2. Having unprotected intercourse in, or with a person who has been exposed in a country where transmission of HIV through sexual intercourse between men and women is common.
3. Shared injecting equipment while mis-using drugs.
4. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection.
5. Had significant occupational exposure to HIV infected material in any circumstances?
6. Had unprotected sexual intercourse with someone of any of the above categories.

IMPORTANT

A health care worker who has any reason to believe they may have been exposed to infection with HIV, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so may breach the duty of care to patients.

HIV / AIDS

A validated sample of blood is required for HIV testing for the following category of employee. Please send documentation with this form if you have been tested. If you have not been tested, an appointment with the Occupational Health and Wellbeing Team will be arranged.

- All healthcare workers who perform exposure prone procedures and are new to the NHS.
- Existing workers who are new to EPP.

All healthcare workers who are new to the NHS will be offered and HIV antibody test.

HEPATITIS C

Do you have reason to believe that you may have been exposed to Hepatitis C infection in any of the following circumstances listed below?

YES

NO

Discuss Further

- Receipt of unscreened blood or untreated plasma products (in the UK before September 1991 and 1986 respectively).
- The sharing of injecting equipment while using drugs.
- Having been occupationally exposed to the blood of patients known to be infected with Hepatitis C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious).
- Receiving medical or dental treatment in countries where Hepatitis C is common and infection control precautions may be inadequate.

IMPORTANT

A health care worker who has any reason to believe they may have been exposed to infection with Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so may breach the duty of care to patients.

A validated sample of blood is required for Hepatitis C antibody testing for the following category of employee. Please send documentation with this form if you have been tested. If you have not been tested, an appointment with Occupational Health will be arranged.

- All healthcare workers who perform exposure prone procedures and are new to the NHS.
- Existing workers who are new to EPP.

All healthcare workers who are new to the NHS will be offered a Hepatitis C antibody test.

If you are asked to attend the Occupational Health and Wellbeing Centre for an appointment to ensure your immunisations are up to date and you have the appropriate cover to commence work, please be advised you will need photo identification (i.e. passport or driving licence.)

DECLARATION

I certify that to the best of my knowledge the information I have given is correct. I understand that any false statement may affect my contract of employment.

Signature of applicant: Date:

Please print name:

(For electronically completed forms, filling in the printed name section will act as a confirmed declaration. A signature will be obtained at a later date.)

CONSENT FOR RELEASE OF OCCUPATIONAL HEALTH VACCINATION RECORDS

I hereby consent for the release of records held by my previous Occupational Health Department relating to the vaccinations listed below:

FOR ALL EMPLOYEES WITH REGULAR PATIENT CONTACT

BCG Scar	Heaf / Mantoux Test	Rubella antibody	Varicella antibody
Measles antibody	MMR vaccination	Hepatitis B initial course / booster	Hepatitis B titre level

FOR THOSE UNDERTAKING EXPOSURE PRONE PROCEDURES ALSO INCLUDE:

Hepatitis B surface antigen	HIV antibody	Hepatitis C antibody
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FOR THOSE ENTERING THE NHS FROM A COUNTRY WITH A HIGH PREVALENCE OF TB:

Chest X-Ray

I consent for the release of all my immunisation details including relevant blood test results and CXR to the above Occupational Health and Wellbeing Centre, Newtown Road, Worcester.

Signed: Print Name: Date: