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**THE ROYAL WOLVERHAMPTON NHS TRUST**

(NHS ENGLAND, Shropshire, Staffordshire, Derbyshire)

Occupational Health & Wellbeing Questionnaire

# Occupational Health & Wellbeing Service, New Cross Hospital, Building 8, Wolverhampton,

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| **CONFIDENTIAL HEALTH QUESTIONNAIRE FOR CLINICAL STAFF INCLUDING VOLUNTEERS**  **(PATIENT CONTACT)** |

# West Midlands. WV10 0QP Tel: 01902 695450 Fax: 01902 695657

[rwh-tr.occupationalhealthrwh@nhs.net](mailto:rwh-tr.occupationalhealthrwh@nhs.net)

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| **EMPLOYMENT DETAILS:** TO BE COMPLETED IN BLOCK CAPITALS BY RECRUITING MANAGER **(Please ensure all sections are filled in as incomplete forms will be returned potentially delaying the clearance process)** | | | | | | | | |
| Post applied for: |  | Proposed start date: |  | | | | | |
| Location / Area of Work: |  | Employing Organisation: |  | | | | | |
| Recruiting Officer/Manager: |  | Hours of Work (please tick): | Full |  | Part |  | Temp |  |
| Bank |  | Agency |  | Other |  |
| Recruiting Officer/Manager  Telephone Number: |  | Recruiting Officer/  Manager  Email Address (**Mandatory requirement to issue clearance please**): |  | | | | | |

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| **HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB:** TO BE COMPLETED BYRECRUITING MANAGER  ***(Please circle one answer for each section – mandatory requirement please)*** | | | | | | |
| Regular contact with patients, work in clinical areas, exposure to clinical waste or biological specimens | | | | | | **Y/N/NA** |
| **Drivers medical considerations:** **(Requirement to drive any class of Trust vehicle as part of job role including the transportation of third parties and/or equipment?)** | **Y/N/NA** | Regular night working  (23:00-6:00) | | **Y/N/NA** | Food preparation | **Y/N/NA** |
| Exposure to noise >85dB | **Y/N/NA** | Hand Arm Vibration | | **Y/N/NA** | Ability to detect colours | **Y/N/NA** |
| Work with respiratory sensitisers/irritants | | **Y/N/NA** | Work with skin sensitisers/irritants | | | **Y/N/NA** |
| Staff working with dialysis or in renal units | | | | | | **Y/N/NA** |
| Undertaking Exposure Prone Procedures (those where there is a risk that injury to the worker may result in exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the workers gloved hands may be in contact with sharp instruments or sharp tissues inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times) | | | | | | **Y/N/NA** |

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| **CANDIDATE DETAILS*:*** TO BE COMPLETED IN BLOCK CAPITALS BY THE EMPLOYEE. This personal information will be kept confidential by occupational health and will only be used if we need to contact you or to send you an appointment (**Please ensure all sections are filled in as incomplete forms will be returned potentially delaying the clearance process)** | | | |
| Title: | Mr/Mrs/Miss/Other: | Home Address: |  |
| Gender Identity: | Female/Male/Intersex/Gender Neutral/Transman/Transwoman/Gender Fluid/Other/Prefer not to say |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| National insurance number |  | Postcode: |  |
| NHS Number |  |  |  |
| Maiden /previous surname: |  | Telephone No: |  |
| Preferred E-Mail: |  | Mobile No: |  |

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| **HEALTH QUESTIONNAIRE:** TO BE COMPLETED BY EMPLOYEE | | | |
| **Your appointment to your new role is subject to an assessment of your fitness to work. The purpose of the assessment is to:**   * + - * **Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others**       * **To enable your employer to identify any adjustments to your work environment** | | | |
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| **TO BE COMPLETED BY EMPLOYEE** (please answer the questions by ticking the Yes or No box) | | **YES** | **NO** |
| 1 | Do you have any health conditions or disabilities which might impair your ability to undertake effectively the duties of the position which you have been offered? |  |  |
| 2 | Do you have a condition or disability which may affect your work, and which might require some adjustments to your work or your place of work? |  |  |
| If you have answered YES to any of the above questions, please provide further details in the space provided. Please attach extra sheets if necessary | | | |
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| **IMMUNISATION / SCREENING**  The Department of Health (2007) recommends that all NEW clinical healthcare workers have hepatitis B immunisation and provide evidence of their TB status. Any employee who may be exposed to blood or body products is strongly advised to undergo immunisation against Hepatitis B. | | | |
| **CLINICAL MANAGEMENT OF TUBERCULOSIS AND MEASURES FOR ITS PREVENTION AND CONTROL (NICE 2011)** | | | |
|  | | **YES** | **NO** |
| Is this your first employment within the NHS? | |  |  |
| Have you had the Covid-19 Vaccine? | |  |  |
| **Please tick the box if you wish to opt out of the organisation accessing the National Database Systems to confirm your COVID vaccination status or provide evidence.** |  |  |  |
| Have you lived outside the UK for 3 months or more? | |  |  |
| ***If YES please list all of the countries that you have lived in with the dates:*** | | | |
| Do you have any of the following: | | **YES** | **NO** |
| A cough which has lasted for more than 3 weeks? | |  |  |
| Unexplained weight loss? | |  |  |
| Unexplained fever? | |  |  |
| Have you had tuberculosis (TB), TB treatment or been in contact with open TB? | |  |  |
| ***If YES, please give details and provide copies of any TB blood test/skin test results***. | | | |
|  | | **YES** | **NO** |
| Do you have a sensitivity to latex? | |  |  |
| Do you have any allergies? | |  |  |
| ***If YES please give details:*** | | | |
|  | | **YES** | **NO** |
| If you were born and raised in the UK, have you ever had chicken pox? (if you are from overseas tick ‘no’) | |  |  |
| Have you ever had a positive test for a blood borne virus including Hepatitis B, C or HIV?  ***If YES please include the results of the blood tests*** | |  |  |

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| **Please enclose copies of the following immunisation records and/or laboratory reports** |
| * Documentation form an Occupational Health Practitioner of BCG(TB) scar, TB skin test result (Heaf or Mantoux, IGRA blood testing or documentation of receiving a BCG vaccination) * If you have **not** had the chicken pox infection, please include documentary evidence of a varicella (chicken pox) blood test result or course of varicella vaccinations received * Documentation of receiving two MMR vaccinations or documentation of measles and rubella (German measles) blood test results * Documentation of Hepatitis B vaccinations received, including booster doses and a copy of your Hepatitis B immunity blood test result   *If records/laboratory reports are not available you will be tested for some or all of the above as necessary by Occupational Health and this may result in a delay in your health clearance.* |

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| **Exposure Prone Procedure Workers:** |
| Those workers undertaking exposure prone procedures (EPP) i.e. doctors, dentists, midwives, ED and Theatre Nurses, must provide written evidence of non-infectivity to Hepatitis B. Further evidence is required for Hepatitis C (if EPP first undertaken since 2002) and HIV (if EPP first undertaken since 2007) prior to commencing in post. If results are not available, you will be tested by Occupational Health and health clearance for EPP work will be delayed until these results are processed. To comply with the Department of Health’s standard for Identified Valid Samples (IVS) you will be asked to show formal photographic ID i.e. valid driver’s licence, passport or NHS ID, for this procedure.  **If your post involves undertaking EPP’s please specify what year you qualified or first began undertaking these procedures: YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Renal Units - Although staff working in renal/dialysis units do not undertake exposure prone procedures, specific guidelines apply and Hepatitis B Surface Antigen testing is required.**

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| **DECLARATION AND CONSENT:** TO BE COMPLETED BY THE EMPLOYEE  The Royal Wolverhampton NHS Trust is concerned about the Health & Safety of all its employees and patients. The Trust takes a positive approach to the employment of individuals with disabilities in accordance with the Equality Act (2010). | | | |
| I declare that the information given within this document is true and complete to the best of my knowledge. I understand that this information will remain confidential to the Occupational Health & Wellbeing Service.  I consent to my immunisation evidence being held on the Electronic Staff Records & to be shared between NHS Trusts as necessary upon change of employment.  Where necessary, I agree to attend the Occupational Health & Wellbeing Service on appointment for further screening. | | | |
| **\*Signature** |  | **Date** |  |
| **Print name:** | | | |

***\*For electronically completed forms, completing the signature section will act as a confirmed declaration.***

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| **QUESTIONS TO BE COMPLETED BY CATERING / FOOD HANDLERS ONLY** | | |
| **Have you had any of the following?** | | |
|  | **YES** | **NO** |
| Enteric fever / Typhoid fever / Paratyphoid fever? |  |  |
| Salmonella? |  |  |
| Recurrent boils or septic fingers? |  |  |
| Infection of the eye, nose or ear? |  |  |
| Dysentery. persistent diarrhoea? |  |  |
| Diarrhoea and / or vomiting lasting 2 days or more? |  |  |
| Threadworm / tapeworm? |  |  |
| Tropical disease |  |  |
| Infection of mouth & gums? |  |  |

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| **Please return the completed form to Occupational Health either by post or email (both addresses are located on the top of the front page).**  Occupational Health may contact you by phone or you may be invited to attend an appointment with an Occupational Health Nurse or Physician. Occupational Health will also ensure that your immunisations are up to date and that you have the appropriate cover to commence work. |