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**THE ROYAL WOLVERHAMPTON NHS TRUST**

Occupational Health & Wellbeing Questionnaire

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

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

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

(NHS ENGLAND, Shropshire, Staffordshire, Derbyshire)

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| **CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NON-CLINICAL STAFF**  **(NO PATIENT CONTACT) AND VOLUNTEERS** |

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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: | |  | | | | | | |
| Department: |  | Directorate: | |  | | | | | | |
| Employing Organisation: |  | Location / Area of Work: | |  | | | | | | |
| Appointing 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)*** | | | | | | |
| Confined space medical | **Y/N/NA** | Forklift Truck drivers | | **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** |
| **Driver’s 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** |

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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/Ms/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 that may make life easier for you. | | | | |
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| **HEALTH QUESTIONNAIRE :** TO BE COMPLETED BY EMPLOYEE  Please read the following guidance notes carefully and then answer the questions by ticking **YES** or **NO** in the box.  Please read the following questions carefully. To preserve medical confidentiality you are not required to identify any conditions / illnesses you have or have had. | | | 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? | |  |  |
| 3 | Have you had the Covid-19 Vaccine? | |  |  |
| 4 | **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.** |  |  |  |
| 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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| **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** |  |

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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. |

**2**