



**CONFIDENTIAL**



The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

**Personal Information**

Title	Surname	First name	Date of birth
Home Tel:	Work Tel:	Mobile:	
Address:	GP Address:		
Street:	Street:		
Town:	Town:		
Post Code:	Post Code:		

**Medical History**

*All staff groups complete this section*

Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	Yes	No
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	Yes	No
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	Yes	No
Do you think you may need any adjustments or assistance to help you to do the job?	Yes	No

**Medical History (continued)**

*Have you suffered from any of the following?*

methicillin resistant staphylococcus aureus (MRSA)	Yes	No	Date:
clostridium difficile (C-Diff)	Yes	No	Date:

*If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.*

**Additional Information**

(if you have answered yes to any questions above please provide additional information below)

**Chicken Pox or Shingles**

Have you ever had chicken pox or shingles? Yes No Date:

**BBV (Blood Borne Virus)**

Have you ever come into contact with any BBV's? Including Needle Stick Injuries? Yes No

**Tuberculosis**

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)

Have you lived continuously in the UK for the last year (Include Holidays/Vacations) Yes No

*If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This **MUST** include duration of stay and dates or this form will be rejected.*

Have you had a BCG vaccination in relation to Tuberculosis Yes No

If you have answered yes please state when Date:

Have you had a cough which has lasted more than 3 weeks? Yes No

Have you had unexplained weight loss? Yes No

Unexplained Fever? Yes No

Have you had tuberculosis (TB) or been in recent contact with open TB? Yes No

**EVD (Ebola Virus Disease)**

Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return.

You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.

Have you travelled to any countries affected by Ebola? (Sierra Leone, Guinea or Liberia) Yes      No

If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days. This MUST include duration of stay and dates or this form will be rejected.

**Additional Information**

(if you have answered yes to any questions above please provide additional information below)

**Immunisation History**

**Have you had any of the following immunisations?**

Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)	Yes	No	Date:
Polio	Yes	No	Date:
Tetanus	Yes	No	Date:
<b>Hepatitis B (If Yes is ticked please give dates)</b>			
<b>Course:</b>	1	2	3
<b>Booster:</b>	1	2	3

**Proof of Immunity (Please send the following)**

<b>Varicella</b>	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity
<b>Tuberculosis</b>	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
<b>Rubella, Measles &amp; Mumps</b>	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
<b>Proof of Immunity (Please send the following) EPP Candidates Only</b>	
<b>Hepatitis B Surface Antigen</b>	Evidence of Hepatitis B Surface Antigen Test (Inc. 'e' antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
<b>Hepatitis C</b>	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
<b>HIV</b>	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

**EPP - Exposure Prone Procedures**

Will your role involve Exposure Prone Procedures? Yes      No

**Recommendations**

I understand that if any recommendations to my employer are necessary as a result of this Assessment. I give consent for the Healthier Business UK Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first

I would like to see a written copy of any recommendations that Healthier Business UK Ltd may make to my employer before they are sent to my employer.

**DECLARATION**

I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Name:

Signature:

Date: