

# WORK HEALTH ASSESSMENT

CONFIDENTIAL

ACI MAY 2017 VERSION 15.0

SEQOHS



  
TEMPLARS MEDICAL  
the locum specialists

Your answers to this questionnaire will be **CONFIDENTIAL** to ACI Training & Consultancy Ltd and will not be given to anyone else without your written permission. The purpose of the questionnaire is to assess 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 the occupational health team and may need to be referred to an occupational health advisor or physician.

Title	Gender	Male	Female
Surname	First name		
Previous names	Date of birth		
Proposed job title	Email address		
Specialty	Grade		
Home address	GP Practice address		
Post code	New to the NHS?	Yes	No
Mobile number	Home number		
GP name	GP phone number		

## Ebola Screening

There are currently no countries requiring Ebola screening.

## Clinical diagnosis and management of TB, and measures for prevention and control (NICE 2016). ALL CANDIDATES MUST COMPLETE THIS SECTION

Have you lived outside of the UK within the last 5 years for 3 months or more? Yes      No  
(Include holidays of 3 months or more)

If YES, list all the countries you have lived in over the last 5 years and the dates (including visits/holidays of 3 months or more duration)

Have you had a BCG vaccination? Yes No Date of vaccination:

## Previous employment in the last 5 years

Employer	Nature of work	Start date	End date
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1. Do you have any illness/impairment or disability (physical or psychological) which may affect your work? (If yes please provide details on a separate sheet)	Yes	No
2. Have you ever had any illness/impairment or disability which may have been caused or made worse by your work? (If yes please provide details on a separate sheet)	Yes	No
3. Are you having, or waiting for treatment (including medication) or investigations at present? (If yes please provide details on a separate sheet)	Yes	No
4. Do you think you may need any adjustments or assistance to help you to do the job? (If yes please provide details on a separate sheet)	Yes	No
5. Do you have any of the following:		
A cough which has lasted for more than 6 weeks?	Yes	No
Unexplained weight loss?	Yes	No
Unexplained fever?	Yes	No
Have you had TB or been in recent contact with TB?	Yes	No

## Have you had any of the below immunisations

Diphtheria/Polio and Tetanus	Yes	No	Date
MMR x 2 – evidence of 2 immunisations required or serology report for Measles, Mumps and Rubella	Yes	No	Date
Varicella: Have you ever had Chicken Pox	Yes	No	Date
If not: Provide evidence of 2 immunisations or Serology report	Yes	No	
Hepatitis B primary course – evidence required	Yes	No	Date
Titre Level following primary course – evidence required	Yes	No	Date
Hepatitis B booster – evidence required	Yes	No	Date
Titre level following booster – evidence required	Yes	No	Date
BCG vaccination – evidence required – either record card showing vaccination given or Heaf Grade 2/Mantoux 6 – 15mm or scar sighted by GP or Occupational Health Nurse.	Yes	No	Date

## ONLY HEALTHCARE WORKERS INVOLVED IN PATIENT CARE/PATIENT CONTACT/BODY FLUID SAMPLE HANDLING COMPLETE THIS SECTION (INCLUDING LABORATORY WORKERS) i.e. EXPOSURE PRONE PROCEDURES (EPP)

Have you ever tested positive for HIV/AIDS?	Yes	No
Have you ever tested positive for Hepatitis B?	Yes	No
Have you ever tested positive for Hepatitis C?	Yes	No

**i** Healthcare workers have a legal duty to inform the ACI Training & Consultancy Ltd. if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

Exposure Prone Procedures (EPP) are those procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) 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.

EPP staff include: all surgeons including FY1 and FY2 doctors with a rotation into one of the EPP areas, dental staff, theatre staff, midwives and A&E doctors and nurses.

EPP staff MUST provide documentary evidence of Hep B surface antigens, Hep C and HIV dual screen status. These must be Identity Validated Samples. Health clearance for EPP may not be given until these results have been processed. If results are not available you will need to be tested and at the time of testing show formal photographic evidence of your identity i.e. passport, photo driving licence. This is to comply with the Department of Health guidance on testing for Identity Validated Samples.

**Healthcare workers have a legal duty to inform the ACI Training & Consultancy Ltd. if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.**

## DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I give permission for a member of the occupational health team to communicate with my own general practitioner, or any other health professional, if further information is required and for that GP or healthcare professional to give details of my clinical condition or other relevant information to the OH advisor/physician at the ACI Training & Consultancy Ltd.

I understand that I shall be contacted to obtain my fully informed consent **before** any report is requested and that under the Access to Medical Reports Act, 1988:

- I have the right to see the report before it is sent.
- I am entitled to ask the doctor to amend or modify information which I consider is inaccurate.
- I have 21 days from notification to seek access to the report

I wish to seek access to this report

I do not wish to seek access to this report

SIGNATURE

DATE

I understand that if any recommendations to my employer are necessary as a result of this Work Health Assessment, the ACI Training & Consultancy Ltd. will discuss the recommendations with me before making them to my employer.

I give consent for the ACI Training & Consultancy Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first.

OR

I would like to see a written copy of any recommendations the ACI Training & Consultancy Ltd may make to my employer before they are sent to my employer.

SIGNATURE

DATE

ACI are legally bound to comply with the General Data Protection Regulations and subsequent Data Protection Bill. In order to process your data and to produce a fitness to work certificate we require your explicit consent. **Without your consent we are unable to process your fitness to work certificate.**

I consent for ACI Occupational Health department to process the data contained herein this confidential health assessment form for the purpose of fitness to work certification.

SIGNATURE

DATE