

**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE**

**CONFIDENTIAL**

All information contained in this health questionnaire will be confidential to Recruitment Industry Solutions Limited. Recruitment Industry Solutions complies with GDPR and the Data Protection Act 1998 as well as other relevant legislation. Your form will be assessed by an Occupational Health Professional and we assure you that confidential information will not be disclosed to a third party without your express consent. Where we have to examine your personal information for audit purposes, we will not reveal confidential information in any audit report. All records will be stored for 40 years as per GDPR and HSE guidelines. The custodian of the health records is an Occupational Health Nurse and copies of your information can be requested in writing from Marie Bennion. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Recruitment Industry Solutions.

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 Recruitment Industry Solutions and may need to be seen by an occupational health advisor or physician.

Recruitment Industry Solutions are legally required to comply with GDPR and require your explicit consent to process your information in order to produce a Fitness to Practice certificate. **Without your consent we are unable to process your fitness to practice certificate.**

I consent for Recruitment Industry Solutions Limited to process the data contained within this confidential health medical questionnaire for the purpose of fitness to practice certification.

I, \_\_\_\_\_ consent for Recruitment Industry Solutions Limited to process the data contained within this confidential health medical questionnaire for the purpose of fitness to practice certification.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Please help us to help you by completing the questionnaire as fully as possible. Please complete this form in BLACK pen / typeface and block capitals.

**PERSONAL DETAILS**

Title:	Sex:
Surname:	First Name(s):
Previous names (if applicable):	Date of Birth:
Job Title:	Grade:
Home Address including postcode:	
Email Address:	
Mobile Number:	Home Telephone Number:

**IMMUNISATION HISTORY**

Have you had any of the following immunisations:		Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)				
2x MMR immunisations or serology for Measles, Mumps and Rubella				
BCG Vaccination or Heaf Grade 2/ Mantoux 6-15mm or scar sighting				
Hepatitis B (If Yes is ticked please give dates below)				
Primary Course	1:	2:		
Titre Level following primary course				
Boosters	1:	2:	3:	
Titre Level following 5 year booster				

See occ health results attached

**Exposure Prone Procedures ONLY**

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 or where there is bodily fluid sample handling.

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, laboratory workers and nurses.

It is important that your EPP screening status is an Identity Validated Sample, this means, your serology clearly states that you provided formal photographic identity documentation at the point of testing.

Have you ever tested positive or think you may have been exposed and at risk of:	Yes	No
HIV/AIDS		
Hepatitis B		
Hepatitis C		

**MEDICAL HISTORY**

All staff groups are to complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		
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		
Do you think you may need any adjustments or assistance to help you to do the job?		

Have you suffered from any of the following?		Yes	No
Methicillin resistant staphylococcus aureus ( <b>MRSA</b> )			
If yes, please provide the date:			
Clostridium difficile ( <b>C-Diff</b> )			
If yes, please provide the date:			
Have you ever had chicken pox or shingles			
If yes, please provide the date:			
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?			
<p>If you have indicated YES to any of the above questions you must provide further details and additional information in this section, failure to do so will result in the form being <b><u>returned/rejected</u></b>.</p>			

<b>TUBERCULOSIS:</b> Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived continuously in the UK for the last 5 years ( <b>Include Holidays 3 months or more</b> )		
<p>If you answered <b>NO</b> to the above, please list all of the countries that you have lived in including holidays and vacations. This <b><u>MUST</u></b> include duration of stay and dates or this form will be rejected.</p>		
<p>A list of TB prevalent countries can be found here:  <a href="http://www.hpa.org.uk/web/HPAweb&amp;HPAwebStandard/HPAweb_C/1195733837507">http://www.hpa.org.uk/web/HPAweb&amp;HPAwebStandard/HPAweb_C/1195733837507</a> </p>		

Yes  No

Have you had a BCG vaccination in relation to Tuberculosis?		
If yes, please provide the date:		
Do you have a cough which has lasted for more than 6 weeks?		
Do you have any unexplained weight loss?		
Do you have any unexplained fever?		
Have you had tuberculosis (TB) or been in recent contact with open TB?		
<p>If you have indicated YES to any of the above questions you must provide further details and additional information in this section, failure to do so will result in the form being <b>returned/rejected</b>.</p>		

**ADDITIONAL INFORMATION**

There are some occasions whereby the full and complete information required to process your fitness to practice certificate is not available or provided by your agency. In these circumstances we are required to put the process on hold until further information can be obtained. In order to speed this process up, we request that you provide consent for Recruitment Industry Solutions to contact your GP or Occupational Health Department to request the additional information in order to process this certificate.

I \_\_\_\_\_ Date of Birth \_\_\_\_\_

Consent for Recruitment Industry Solutions to contact my G.P. or Occupational Health Department to obtain any outstanding information required in order to process my fitness to work certificate. This information is limited to the information detailed in Proof of Immunity below, as required by the level of screening requested by my agency.

Name of GP	
G.P. Contact Number	
G.P. Address	
OH Department where currently/ last substantively employed	
Hospital Contact Number	

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 <b>strongly advise</b> 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 ( <b>Do not Self Declare</b> )
<b>Rubella, Measles &amp; Mumps</b>	Certificate of <b>“two”</b> 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
Proof of Immunity (Please send the following) EPP Candidates Only	
<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)

Declaration		YES	NO
Will your role involve Exposure Prone Procedures (EPP) (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 or those working in a renal dialysis post)			
I understand that if any recommendations to the end client are necessary as a result of this Assessment, this will be communicated to my agency.			
I give consent for Recruitment Industry Solutions to make recommendations to my agency/employer, without me having seen a written copy of the recommendations first.			
I understand that I shall be contacted to obtain my fully informed consent before any report is requested from my GP and that under the Access to Medical Reports Act 1988 that I have the right to see the report before it is sent and 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		
SIGNED:	DATED:		

**Declaration**

I declare that all of the answers to the above questions and information I have included in this questionnaire are true and accurate 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 Recruitment Industry Solutions.

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

I acknowledge that it is my responsibility to inform my employer of any significant changes to my health.

By signing below, I consent to Recruitment Industry Solutions storing my personal information and for third parties working with them to have sight of the records for auditing and compliance purposes.

I consent to Recruitment Industry Solutions cross referencing my records to ascertain my fitness to practice should I register with any other clients of Recruitment Industry Solutions.

Name	Signature	Date