CONFIDENTIAL WORK HEALTH ASSESSMENT:

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.

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

Title:	Male ☐	Female ☐
Surname:	First Name:	
Previous Names:	Date of Birth:	
Proposed Job Title:	Grade:	
Speciality:	Email address:	
Home Address:	GP Practice Address:	
Post Code:	Are you new to the NHS? Yes ☐ No ☐	
Mobile	Home Tel:	
GP Name:	GP Phone Number:	

Ebola Screening – ALL CANDIDATES MUST COMPLETE THIS SECTION

Have you been outside of the UK within the last 21 days passing through or staying in any of the following countries - this includes holidays?

1. Guinea

Yes ☐ No ☐

If YES, please list all of the countries that you have visited in the last 21 days and the dates – please include visits/holidays, and answer the following Ebola symptom questions.
If No, there is no need to complete the following Ebola symptom questions.

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Have you had or are you suffering with any of the following symptoms:

High Temperature/Fever (over 38.6 C/101.5 F)	YES ☐	NO ☐
Severe Headache	YES ☐	NO ☐
Joint and Muscle aches and pains	YES ☐	NO ☐
Sore Throat	YES ☐	NO ☐
Vomiting	YES ☐	NO ☐
Diarrhoea	YES ☐	NO ☐
Unexplained Bleeding or Bruising	YES ☐	NO ☐
Lack of Appetite	YES ☐	NO ☐

Clinical diagnosis and management of TB, and measures for prevention and control (NICE 2006) – ALL CANDIDATES MUST COMPLETE THIS SECTION.

Have you lived outside of the UK within the last 5 years for three months or more? This includes holidays for three months or more? Yes ☐ No ☐

If YES, please list all of the countries that you have lived in over the last 5 years and the dates – please include visits/holidays of three months or more duration.

A list of TB prevalent countries can be found here:
http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733837507

Have you had a BCG vaccination? YES ☐ NO ☐ Date of vaccination?

Previous Employment in the last 5 years:

Employer	Nature of Work	Start Date	Finish

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ALL STAFF GROUPS TO COMPLETE THIS SECTION:

1. Do you have any illness/impairment or disability (physical or psychological) which may affect your work?

   Yes ☐ No ☐ If yes please give details on a separate sheet

2. Have you ever had any illness/impairment or disability which may have been caused or made worse by your work?

   Yes ☐ No ☐ if yes please give details on a separate sheet

3. Are you having, or waiting for treatment (including medication) or investigations at present

   Yes ☐ No ☐ if yes please give details on a separate sheet

4. Do you think you may need any adjustments or assistance to help you to do the job?

   Yes ☐ No ☐ If yes please give details on a separate sheet

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 ☐

   If yes please give details:

Have you had any of the below immunisations	Yes	No	Dates:
Diphtheria/Polio and Tetanus	☐	☐	
MMR x 2 – evidence of 2 immunisations required or serology report for Measles, Mumps and Rubella	☐	☐	
Varicella – history of disease or evidence of 2 immunisations	☐	☐	
Hepatitis B primary course – evidence required	☐	☐	
Titre Level following primary course – evidence required	☐	☐	
Hepatitis B booster – evidence required	☐	☐	
Tire level following booster – evidence required	☐	☐	
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.	☐	☐	

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

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	YES	NO
Have you ever tested positive for HIV/AIDS?	☐	☐
Have you ever tested positive for Hepatitis B?	☐	☐
Have you ever tested positive for 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
(Please delete as appropriate)

Signed ..... 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.

* delete one of the above statements before signing below.

Signed ..... Date .....

STAFF IN CONFIDENCE WHEN COMPLETE