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| **CONFIDENTIAL HEALTH DECLARATION PERSONAL DETAILS**Your answers to this questionnaire will be confidential to Occupational Health and Wellbeing (OHW) and will not be given to anyone else without your written permission. The purpose of the questionnaire is to identify whether you have any health problems that could affect your ability to undertake the duties of the position you have applied. Our aim is to promote and maintain a healthy work environment. By completing the questionnaire, you will assist us in facilitating to you needs. Please email the completed form to recruithr@macadamiasupport.co.uk |
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| **Personal Details** |
| Title: |  | Surname: |  |
| First Name: |  | Middle Name: |  |
| Previous Names: |  | Gender: |  |
| NHS Number: |  | Date of Birth: |  |
| Address: |  | Telephone: |  |
| Mobile: |  |
| Work: |  |
| Email: |  |
| Do you currently have any of the following symptoms? |
| A cough which has lasted for more than 3 weeks? |  |
| Coughing up blood-stained sputum? |  |
| Unexplained weight loss? |  |
| Unexplained fever or night sweats? |  |
| Chest pain, especially related to breathing. |  |
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| If you answer yes to any of the questions below, please give dates and details. (Please read the information about the Access to Work Fund at the end of this form) |
| Do you have an illness, medical problem, injury, or disability that may affect your ability to work in the post for which you have applied? |  |
| Do you have diabetes or epilepsy? |  |
| Do you have a health problem that causes you difficulty with mobility, sitting, standing, bending, lifting, carrying, or working with a computer? |  |
| Do you have any mental health problems (including anxiety, depression, stress, eating disorder, self-harm and drug or alcohol misuse)? |  |
| Do you have rhinitis, hay fever, asthma, or any chest/breathing problems? |  |
| If you answer yes to any of the questions below, please give dates and details. (Please read the information about the Access to Work Fund at the end of this form) |
| Do you have dermatitis, eczema, psoriasis, or recurrent skin infections? |  |
| Have you ever had a positive MRSA swab result? |  |
| Do you have any allergies, e.g., latex? |  |
| Do you have any difficulties with your hearing or vision (that is not corrected by glasses etc)? |  |
| Are you currently receiving treatment of any kind from your GP, hospital specialist or other practitioner, or awaiting or undergoing investigations? |  |
| Please list all the medications you are currently prescribed: |  |
| Have you had tuberculosis (TB) or been in close contact with anyone who has had TB in the last year?  |  |
| Have you had any days away from study or work due to illness or injury in the last 2 years?(If yes, what was the number of days and reasons) |  |
| Have you lived or worked outside the UK for longer than one month in the last 5 years? (If yes, please state the countries and for how long) |  |
| If you have answered yes to any of the above, are you aware of any adjustments that may be needed to enable you to do the role you have applied for? |  |

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| Is there anything else about your health that you feel we should be aware of? |
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| **IMMUNISATION HISTORY**Documentary evidence of immunity is required. This can be obtained from either your current Occupational Health (OH) Department or your GP. If no documentary evidence is available, you will need to be seen by OH and will not be fully cleared by OH until satisfactory evidence of immunity has been established.**Health Workers and Serious Communicable Diseases**All Health care workers must be aware of their own professional council’s recommendations and ethical responsibilities in relation to preventing the spread of communicable diseases such as TB and the transmission of blood borne viruses such as Hepatitis B, C and HIV. They need to be aware of the occupational restrictions placed on health care workers infected with a blood borne virus.Please provide evidence that you have had the following vaccinations or blood test results showing immunity: |
| Tuberculosis (BCG) |  |
| Measles, Mumps & Rubella (MMR) |  |
| Hepatitis B vaccination course |  |
| Hepatitis B surface antibody blood test result |  |
| Please provide the following information: | Yes/No |
| Have you had Chicken pox as an illness? |  |
| Have you received all childhood vaccines for Diphtheria, Tetanus & Polio? |  |
| If you have answered YES, please state the date and where you were living when you had the infection: |
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| **FOR THOSE UNDERTAKING EXPOSURE PRONE PROCEDURES**N.B. Please only complete this section if you will be performing Exposure Prone Procedures (EPPs). 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 always completely visible.Documentary evidence of hepatitis B and C and HIV status is required for staff undertaking EPP for the first time. If you have previous blood results and/or documented evidence of relevant vaccinations, please supply a copy when you submit this form. If results are not available, you will be tested in this department before clearance can be given. This must be an identified validated sample (IVS) as required by the Department of Health, so you will need to bring with you a photographic ID, e.g., driver’s licence or passport.Healthcare workers who perform EPP have a legal duty to inform the OH team if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C. |
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|  | **Yes/No** |
| Have you ever tested POSITIVE for HIV/antibodies? |  |
| Have you ever had or tested POSITIVE for Hepatitis B antigen? |  |
| Have you ever had or tested POSITIVE for Hepatitis C antibodies? |  |
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| **DECLARATION: (please read carefully)**Under the General Data Protection Regulation (GDPR) the information you supply in this form is known as sensitive personal data and your consent for the organisation to process this data is required. By signing this declaration, you will be giving your consent to the processing of the information you have supplied, and that the management team will be informed of your fitness for employment. |
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| I confirm that I have read and understood the Data Protection information above. I declare that all theforegoing statements are true and complete to the best of my knowledge and belief. I confirm that I agree to allow OHW to share information concerning my immunisations and immunity to infection with the appropriate manager/tutor to enable an Infection Control risk assessment to be undertaken where required.I understand that if further information is required from my GP or other health professional, I shall becontacted by OHW to obtain my fully informed consent before any report is requested. |
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| Print Name: |  |
| Signature: |  | Date: |  |
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| **THE ACCESS TO WORK FUND**If you have a health issue and require equipment or adaptations to support, you undertaking your work please read the following information:The Access to Work Fund is a government fund available to help employees overcome difficulties in the workplace resulting from a disability/ health issue. It provides funding towards, for example, special aids and equipment and adaptations to premises. The individual with the disability makes the application to the Fund by contacting their local Access to Work office who will work with the employer to provide the appropriate support.For applicants taking up a new post or in a job for less than 6 weeks the cost of the adaptation is mainly borne by the Fund as long as the application process has been started prior to this time. Although all such reasonable adaptations can be provided for you at any time during your employment your prompt application to the Access to Work Fund will ensure that any appropriate support is in place as soon as possible and significantly reduce the costs incurred by the Trust.More information can be found at: <https://www.gov.uk/access-to-work> |
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| **Official Use:**(To be filled by recruitment) |
| HR officer Name: |  | Contact Number:  |  |
| Manager: |  | Email: |  |
| Post applied for: |  | Unit: |  |
| Contract Type: |  | Contracted Hours: |  |
| Are any of the following relevant to the job (Y/N)? |
| Health surveillance |  | Night work |  | Catering |  |
| Contact with body fluids |  | Lone work |  | Exposure prone procedures |  |
| Driving clients |  | Other or None Above (Please specify) |  |