Arumas Health Services

Medical Health Assessment

Answers to this questionnaire will be kept **CONFIDENTIAL** by the Occupational Health Department, and information you give will **not** be handed to anyone else without your **written consent**.

The purpose of this questionnaire is to examine your current health status in order establish what effect this might have upon your ability to undertake the duties of your current/offered post and/or whether issues you may have, present any risks to yourself and/or others in the workplace.

We may recommend adjustments or assistance as a result of this assessment to better enable you to do your 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 Department team and you may need to be seen by an occupational health nurse or physician.

Please complete this questionnaire as fully as possible, in **black pen** and in BLOCK CAPITALS.

Personal Details		**Job Role Details**
Title: Mr/Mrs/Miss/Ms/Dr:		Job Title:
Surname:	Previous Surname:	Brief Job Description:
Forename(s):		Recruiting Manager:
Gender:		NMC no (if applicable):
Date of Birth:		Area of work: A&E ☐ Theatre ☐
Telephone:		Midwifery ☐ Renal Dialysis ☐
Email:		General wards ☐ Other ☐
Home Address		**Name & Address of Your General Practitioner**
Address:		Name: Address:

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. IF YOU ANSWER YES, PLEASE GIVE DETAILS IN THE SPACE PROVIDED OVERLEAF.	**Yes**	**No**	**Don't Know**
1. Do you have any illnesses or disabilities which can be affected by work?			
2. Do you have any illnesses or disabilities which have been caused by work?			
3. Are you receiving or waiting for any medical treatment at the moment?			
4. Are there any adjustments that you may need to enable you to perform your proposed role?			

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

BCG

1. Where were you born and raised?
2. Have you arrived in the UK within the past 5 years?
3. If 'yes', in the 5 years prior to your arrival to the UK, what countries did you live in?
4. Have you had a BCG vaccine?
5. If 'yes', where and when did you have the vaccine?
6. Have you had a cough for more than 3 weeks, experienced unexplained weight loss, fever, chest pain or fatigue?
7. Do you have a history of or any current symptoms of tuberculosis?
8. Do you have a family history of tuberculosis?
9. Have you had an interferon gamma test within the past 12 months?

Chicken pox
10. Have you had chicken pox or shingles infection?
11. If 'yes', in what country did you contract the disease?

EPP work
12. When was your first EPP post?
13. Any you infected with Hep B, Hepatitis C, HIV or any other blood borne viruses?
14. If applicable please attach an IVS report for HBsAg, Hep B, Hep C or HIV?

In the following section, please give details of any of the questions, which you have answered **YES** to.
Details which may be useful to include:-
a) How long did you have this problem for?
b) When was this?
c) What type of treatment, if any did you receive?
d) Were you admitted to hospital, unable to work or prevented from carrying out your normal activities because of the problem?
e) Does the condition continue to affect you in any way?

Please continue on a separate sheet of paper if necessary.

Question Number	**Details**

5. Do you have the following:	Yes	No
a) A cough which has lasted for more than 3 weeks?		
b) Unexplained weight loss?		
c) Unexplained fever?		
Have you had tuberculosis (TB) or been in recent contact with open TB?		

Please provide evidence of immunisation/blood test results for the following, It has to be stamped or signed by your GP, Occupational Health (OH) Provider

	Immunisations				Blood Tests	
	Yes	No	Date of immunisation		Date of blood test	Results of blood test
Hepatitis B				→		
Hepatitis C				→		
HIV				→		
Polio/Tetanus				→		
Rubella (German Measles)				→		
MMR				→		
Tuberculosis (TB)				→		
BCG/Mantoux/Heaf test				→		
Has your BCG scar been seen?				→		
Varicella (chicken pox/shingles)				→		
Have you ever been diagnosed with chicken pox or shingles?				→		

	Immunity Status/Immunisation Details
Tuberculosis (TB)	• Documentary evidence of BCG vaccination. • History of BCG vaccination (scar evident) • Documentary evidence of Mantoux test within last 5 years Chest X ray result if relevant
Measles and Rubella	• Documentary evidence of 2 doses of MMR (measles, mumps, rubella) vaccine • Measles Antibodies IgG blood test • Rubella Antibody IgG blood test
Hepatitis B	• Documentation of vaccination history • Hep B Ab blood test following vaccination • Possibly Hep B core Ab blood test
Chickenpox (varicella zoster virus)	• Positive history of disease, if born or raised in a tropical or sub-tropical climate. • VZV IgG blood test • Documentary evidence of 2 doses of VzV
EPP clearance* All EPP bloods should be Identity Validated Samples (IVS)	• HIV Antigen/Antibody blood test • Hepatitis C Antibody blood test • Hepatitis B surface Antigen blood test
Health Declaration form	• All sections to be completed

**A photo ID should be shown at the time the EPP blood/s is taken e.g. Staff identity badge, passport or national identity card, drivers licence etc*

I understand that if any recommendations to my employer/agency are necessary as a result of this employment assessment, it will be discussed with me before informing my employer.

Declaration and Consent

As part of your employment with MNRA

We may need to contact you before health clearance is given for employment by an Occupational Health Nurse (OHN) or Occupational Health Physician (OHP).

I understand that my personal details will be handled in accordance with the Data Protection Act 1998. You are advised that the disclosed information above will be held on computer and or/manual records. It will not be disclosed to anyone outside Arumas Health Services without your written permission. Any nominated member of staff who processes information to supply my file to Arumas Health Services Limited will observe the normal rules regarding confidentiality as defined within the Data Protection Act 1998.

If I have willingly withheld any relevant medical details I realise I may be subject to disciplinary action. I give my consent to Arumas Health Services Limited to assess my file and to issue Fitness to Work (FTW) certificate to MNRA.

Signature…… Date……