

Information contained within this document is governed by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

### Personal Details

Complete all fields

Forenames	Title Mr Mrs Miss Other
Surnames	Date of Birth
Present Address	Home Tel.No.
GP Address	Mobile Tel.No.
	Work Tel.No.
	Email

### Occupational Health Screening History

Name of trust or hospital that gave you most recent screening	
Date of most recent screening	
Were the results in anyway abnormal	

(If the results were abnormal please provide details in the space below)

Details:
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### Previous Employment

Have you worked in the NHS in the past 12 months	Yes	No
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### Basic Health History

If your answer to any of these questions is YES or if you are currently taking any medication please provide details in the space below	Yes	No
Is there any aspect of your health which may restrict your ability to work		
Are you currently or regularly taking any medicines, tablets, special diets, or injections		
Are you pregnant		
Is there any aspect of your medical history which an employer should or might wish to know		
Would you require any adjustments to your working environment to undertake your chosen occupation		

Do you have any conditions of vision, hearing or speech which might effect your ability to work		
Have you ever suffered from any mental illness/depression or alcoholism or drug dependency		
Are you attending any hospital for treatment or are you currently on a waiting list for treatment		
<b>Do you now, or have you ever, suffered from or received treatment for:</b>	<b>Yes</b>	<b>No</b>
Respiratory (including asthmatic or allergic) symptoms, disorders or diseases		
Cardiovascular symptoms, disorders or diseases		
Gastrointestinal symptoms, disorders or diseases		
Neurological (including epileptic) symptoms, disorders or diseases		
Psychiatric symptoms, disorders or diseases		
Genitourinary symptoms, disorders or diseases		
Skin symptoms symptoms, disorders, diseases including reactions to gloves and glove powder		
Endocrine (including diabetic) symptoms, disorders or diseases		
Haematological symptoms, disorders or diseases		
Recurrent sore throat (including treatment for MRSA infections)		
Bone or Joint symptoms, disorders or diseases (including back pain)		
Imunno-deficiency symptoms e.g. HIV positive diseases or disorders		
Stress related disorders or diseases		
Alcohol/Drug related symptoms, disorders or diseases		
Overseas travel symptoms, disorders or diseases		

## Chicken Pox or Shingles

Have you ever had chicken pox or shingles		
<b>Yes</b> <b>If yes please sign below</b>	<b>No</b>	<b>Signature Date</b>

### Important Information

Whilst past infection often suggests immunity the only true way of ascertaining this is by Blood testing. To confirm if immune or if immunisation is required it is strongly recommended to obtain blood for serology, unless evidence of immunity (on accepted documentation) is provided.

## TB History

Have you ever had a positive TB skin test?		
Have you ever had an abnormal chest x-ray?		
Have you recently had the mucous you cough up tested for TB?		
If yes, were you told it was positive?		
Have you ever been told you have Infectious Tuberculosis?		
If yes, how long ago?		
Have you ever been treated with medication for Infectious TB		
Are you still taking TB medicine?		
Did you take all the TB medicine until the health care professional told you that you were finished?		

Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. roommate, close friend, relative).		
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Current TB Symptoms		
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Do you have a cough that has lasted longer than three weeks?		
Do you cough up blood or mucous?		
Have you lost your appetite? Aren't hungry?		
Have you lost weight (more than 10 pounds) in the last two months? without trying to?		
Do you have night sweats (need to change the sheets or your clothes because they are wet)?		

Details:
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Immunisation History			
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Have you have any of the following immunisations	Yes	No	Date
Diphtheria			
Poliomyelitis			
Tetanus			
MMR 1 <sup>st</sup> Immunisation (1 of 2)			
MMR 2 <sup>nd</sup> Immunisation (2 of 2)			
BCG Vaccination			

HIV / AIDS				
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Have you had a HIV blood Test	Yes	No	Date	Result:
Do you have reason to believe that you may have been exposed to HIV infection in any of the circumstances listed below?				
<ol style="list-style-type: none"> <li>1. If you are male, engaging in unprotected sexual intercourse with another man;</li> <li>2. Having unprotected intercourse in, or with a person who has been exposed in a country where transmission of HIV through sexual intercourse between men and women is common;</li> <li>2. Shared injecting equipment while mis-using drugs.</li> <li>3. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection;</li> <li>4. Had significant Occupational exposure to HIV infected material in any circumstances.</li> <li>6. Had unprotected sexual intercourse with someone of any of the above categories.</li> </ol>				

YES	NO	Discuss further	Notes:
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**IMPORTANT** A health care worker who has any reason to believe they may have been exposed to infection with HIV, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so, may breach the duty of care to patients.

A validated sample of blood is required for HIV testing for the following category of employee. Please send documentation with this form if you have been tested. If you have not been tested:

- All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs.
  - Existing workers who are new to EPP
- All health care workers who are new to the NHS will be offered an HIV antibody test.

## HEPATITIS C

Have you had a Hepatitis C antibody check	Yes	No	Date	Result:
Do you have reason to believe that you may have been exposed to Hepatitis C infection in any of the circumstances listed below? 1. Receipt of unscreened blood or untreated plasma products (in the UK before September 1991 and 1986 respectively); 2. The sharing of injecting equipment while using drugs; 3. Having been occupationally exposed to the blood of patients known to be infected with hepatitis C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious); 4. Receiving medical or dental treatment in countries where hepatitis C is common and infection control precautions may be inadequate.				
YES	NO	Discuss further	Notes:	
<b>IMPORTANT</b> A health careworker who has any reason to believe they may have been exposed to infection with Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so, may breach the duty of care to patients.				
A validated sample of blood is required for Hepatitis C antibody testing for the following category of employee. Please send documentations with this form if you have been tested: • All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs. • Existing workers who are new to EPP All health care workers who are new to the NHS will be offered a Hepatitis C antibody test.				

### 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 Measles & Mumps
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above .The report must be an identified validated sample. (IVS)

### Proof of Immunity (Please send the following) EPP Candidates Only

<b>Hepatitis B Surface Antigen</b>	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
<b>Hepatitis C</b>	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
<b>HIV</b>	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

### Additional Information

**Have you been on holiday in the last two year if so, please complete fill in the details below**

Country Visited	Date	Duration of stay

**Have you worked in a TB Prevalent area, were HIV is also prevalent in the last 3 years**

Yes	No	Date

### REQUIRED STATEMENTS

I hereby confirm that I refuse to undergo a HIV screening	yes	no
I hereby confirm that I refuse to undergo Hepatitis C screening	yes	no
I accept that my agency have informed me of the risk of working without undergoing HIV screening and /or Hepatitis C screening	yes	no

### DECLARATION

**The information supplied is true to the best of my belief. I agree to inform my employer of any health problems so that my health and safety can be protected whilst at work**

Name	Signature	Date