WORK HEALTH ASSESSMENT FORM

HUMAN RESOURCES (HR) DEPARTMENT please complete the details of the post, recruiting manager & tick the relevant boxes required for clearance prior to sending out the form.	
POST **Volunteer**	**RECRUITING MANAGER** **Richard Dent**

CLEARANCE LEVEL REQURIED **1 X** **2** ☐ **3** ☐

Level 1 = Roles with no direct patient contact i.e. office/admin
Level 2 = Healthcare workers in contact with patients/body fluids/tissues/specimens
Level 3 = Healthcare workers undertaking exposure prone procedures i.e. surgeons, dentists, midwives

The purpose of this form is to enable the occupational health department to assess your general health and immunity status for a variety of infectious diseases in relation to the post that has been offered to you. Further screening and/or vaccinations may be necessary to ensure compliance with Department of Health guidance and infection control procedures designed to protect both staff and patients.

All new staff members are required to complete this form. Please read the guidance below as not all sections will be relevant to you.

SECTION	**TO BE COMPLETED BY**
A & B	**All new workers**
C	**Level 2 & 3 workers (All healthcare workers with patient/body tissues contact)**
D	**Level 3 workers only (Health care workers undertaking exposure prone procedures)**

SECTION A: PERSONAL DETAILS (Please state your full name as it appears on your birth certificate)

SURNAME:		**PREVIOUS SURNAME:**	
FIRST NAME(s)		**Mr** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐	
DATE OF BIRTH:		**Male** ☐	**Female** ☐
ADDRESS:		**POSTCODE**	

It may be necessary for the Occupational Health department to telephone you to clarify some points and avoid the necessity of asking you to attend the Department. Can you please, therefore let us have a telephone number where you can be contacted between the hours of 8.30 am to 4.30 pm.

TELEPHONE NO:		**MOBILE:**	
EMAIL:			
NATIONAL INSURANCE NO:		**NATIONALITY:**	
GP NAME:			
GP ADDRESS:		**POSTCODE:**	

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY WORKED IN THE IW TRUST				**YES** ☐ **NO** ☐
If **'YES'** please indicate dates **:**	**To:**		**From:**	

Please return this form **completed and signed** in an envelope marked '**Private and Confidential'** to:

Occupational Health Department, St Mary's Hospital, Newport, Isle of Wight, PO30 5TG

Alternatively you can return as an email attachment to occupationalhealth@iow.nhs.uk but it must be sent from an email address with your name, as this will be accepted as your signature.

	SECTION B: GENERAL HEALTH To be completed by **all** applicants. Please **tick** the relevant answer.	YES	NO
1	Have you had (past or current) any physical or mental health condition that you feel we should be aware of?	☐	☐
2	Do you consider yourself as having a disability for which adjustments are required to enable you to do the role?	☐	☐
3	Do you have any allergies, which would affect your work? (eg: Latex)	☐	☐
4	Have you or a close family member (within the last 5 years) ever had treatment for Tuberculosis (TB)?	☐	☐
5	In the last 12 months, have you had a cough for more than 3 weeks, coughed up blood or had any unexplained loss of weight or fever?	☐	☐
6	What is your country of birth?		
7	What is your date of residence in the UK?		
8	What other countries have you lived in over the last 5 years?		
9	To your knowledge, do you have any infectious diseases that could be passed on to others? Give details:-	☐	☐

SECTION C: IMMUNITY & VACCINATION HISTORY - To be completed by all LEVEL 2 AND 3 applicants

Please provide **documentary** evidence of vaccination/immunity for the following infections. You may need to ask your GP or previous Occupational Health Department to provide a report and/or copies of laboratory reports.

Infectious Disease	**Report attached**		**Infectious Disease**	**Report attached**	
	YES	**NO**		**YES**	**NO**
Tuberculosis			**Polio**	☐	☐
Skin Test (heaf/mantoux)	☐	☐	**Diphtheria**	☐	☐
BCG Vaccination	☐	☐	**Tetanus**	☐	☐
Hepatitis B	☐	☐	**Hepatitis A**	☐	☐
Rubella (German Measles)	☐	☐	**Measles**	☐	☐
Varicella (chickenpox)	☐	☐ **Go to →**	**Have you ever had chickenpox**	**Yes** **No** (Please circle)	

SECTION D: BLOOD BORNE VIRUS SCREENING -To be completed by all LEVEL 3 applicants ONLY (required for workers undertaking exposure prone procedures). Please read the guidance and then complete the questions, **tick** the relevant answer.

Exposure Prone Procedures (EPP) are invasive procedures where there is a risk that injury may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hand may be in contact with sharp instruments, needle tips or sharp tissues (include bone & teeth) inside a patient's open body cavity, wound or anatomical space where the hands or fingertips may not be completely visible at all times.

Current Department of Health guidance requires the EPP worker to provide documentary evidence of non-infectivity for Hepatitis B, Hepatitis C and HIV, however, the type of evidence required depends on the date you started EPP work.

An identified, validated sample is one that has been taken in an occupational health department, photo proof of identity has been obtained at the time *the sample was taken and the sample was transported to the laboratory in the normal way.*

An IVS report is an original laboratory report that clearly indicates the result was derived from an identified, validated sample** (IVS) and has an NHS Occupational Health Department signature and stamp. The full name (first name and family name), date of birth, date of blood test, test result and the name of laboratory must be clearly indicated on the report. Alternatively a report from an NHS Occupational Health Department will be acceptable provided that it indicates that the result was from an IVS and is stamped and signed.

For doctors whose vaccination details and blood test results were held on the former Occupational Health Smart Card (OHSC), these details should have been uploaded onto the replacement system – Electronic Staff Record (ESR). Provided the ESR record indicates the blood tests results were derived from an IVS, then this will be acceptable evidence. If you have not included the necessary documentary evidence as listed above as you believe it is held on ESR, please tick this box ☐ (you may need to discuss this with you current OH provider).

Until the above evidence is provided OH is unable to give clearance for EPP work. If you do not have the above evidence OH will undertake the necessary serology testing. The results of these tests can take up to two weeks, therefore you are requested to arrange an appointment with OH as soon as possible. Your start date will be delayed without this evidence.

		YES	NO
10	Is this your first EPP position?	☐	☐
11	What was the date or your first EPP post (mm/yy)?	**Date:**	
12	Are you infected with a blood borne virus such as hepatitis B, hepatitis C or HIV?	☐	☐
14	Please attached an IVS report for the following infections: **Hepatitis B surface antigen, Hepatitis C & HIV**		

DATA Protection

Under the Data Protection Act 1998 you are advised that information given on this questionnaire will be held on computer and/or manual records. This information will be processed by your designated Trust Occupational Health Service and will not be disclosed to anyone outside the Department without your written permission. This Health Questionnaire will be destroyed if you do not take up employment with the Trust.

To exercise your right to access electronic or paper data held about you, please contact your Occupational Health Department in writing. An administrative charge maybe levied for this information.

Signature of Employee _____ **Date** _____

OH USE ONLY **Clearance level given:**

☐ Level 1 (Roles with no direct patient contact i.e. office / admin).

☐ Level 2 (Healthcare Workers in contact with patients/body fluids/tissues/specimens).

☐ Level 3 (Healthcare Workers undertaking Exposure Prone Procedures i.e. Surgeons, Dentists, Midwives).

Comments:

Date cleared: ……/……/…… **OH Nurse/Doctor:** -…….