

OCCUPATIONAL HEALTH EMPLOYMENT FORM

Section 1 - RESOURCING / HR OFFICER – THIS SECTION MUST BE COMPLETED

The information provided by you on the form will remain confidential and will be kept in accordance with Data Protection laws. The Equality Act 2010 requires the Trust to make reasonable adjustments to jobs for reasons of disability. Any information provided on this form will be used to enable the Trust to support you in this role.

JOB INFORMATION (To be completed by relevant Resourcing / Human Resources team)

EMPLOYING NHS TRUST (PLEASE CIRCLE)	UHCW	SWFT	GEH	Arden Cluster	OTHER PLEASE INDICATE
JOB TITLE	DEPARTMENT				
DIVISION / DIRECTORATE/ GROUP	LOCATION/ BASE				
RECRUITING MANAGER NAME	Email address & TEL NO:				
RESOURCING / HR LEAD	START DATE				

IMPORTANT RISK INFORMATION (To be completed by Manager) Please tick any boxes that apply to this post:

PATIENT CONTACT ☐ DRIVING ☐ NIGHT WORK ☐ LONE WORKING ☐ HEIGHTS ☐
EXPOSURE PRONE PROCEDURES (EPP) ☐ FOOD HANDLING ☐ C.O.S.H.H. EXPOSURE ☐

Section 2 – APPLICANT TO COMPLETE

PERSONAL DETAILS (To be completed by Candidate, all essential)

TITLE	Mr/Mrs/Miss/Ms/Dr/Rev/Other_____	DOB	
SURNAME		Any previous names:	
FIRST NAME(S)			
ADDRESS			
TOWN/CITY		POST CODE	
TELEPHONE		MOBILE	
EMAIL			

The Occupational Health Department aims to assist managers and staff in preventing work related ill health and promoting good health amongst Trust employees.

Please respond to either question below as appropriate: Please Tick 1 or 2

1. ☐ "I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I have been offered" **OR**
2. ☐ "I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work"

If you have ticked the second question you will be contacted by an OH professional who will discuss with you your support needs. Guidance notes to question 2:

i) Do you have an ongoing medical problem or condition e.g. diabetes, epilepsy, severe pain, or severe depression. ii) Do you have a visual or hearing problem? iii) Do you have any physical difficulties that need to be taken into consideration when carrying out tasks within your role?

iv) Do you have an infective condition that can be potentially be passed to patients?
If after considering all the aspects of your new job, you are unsure whether your medical condition may affect your capacity to undertake the job, you may answer YES and further discussion and evaluation by the Occupational Health Department will be arranged.

SECTION 3 - FOR COMPLETION BY APPLICANT

Have you been employed by the NHS previously? If 'yes' state the name of the employer?
site: tel.no:

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006).
Have you lived or worked continuously in the UK for the past 5 years? Yes/No

Do you suffer from any of the following symptoms: (place circle/delete yes/no)	Fever/high temperature Yes/No
Cough lasting more than 3 weeks Yes/No	Unexplained weight loss Yes/No
Blood-stained sputum Yes/No	Heavy sweating at night Yes/No

Do you have any skin conditions e.g. eczema, psoriasis?
(ICNA – Standard Infection Prevention & Control Guidelines) **Yes/No**

**You are required to have been immunised against the following.
Please provide documentary evidence of vaccination if available.**

VACCINATION	BCG (for Tuberculosis)	Rubella (German Measles)	MMR	Hepatitis B
Please circle/delete:	Yes / No	Yes / No	Yes / No	Yes / No

Have you ever had: Chicken Pox or Shingles (Please specify) **Yes / No / Don't know** (Please Delete)

Individuals who will have patient contact or who are new to the NHS will need to have their immunisations checked and some standard screening for infectious diseases as per Department of Health instructions. Please bring this information to your "New Starter appointment"

*EXPOSURE PRONE PROCEDURES WORKERS - HAVE YOU HAD BLOOD TESTS FOR ANY OF THE FOLLOWING?

**IF YES, YOU MUST PROVIDE A COPY OF THE RESULT OR AN IMMUNISATION REPORT FROM ANOTHER OH DEPARTMENT OR ACCREDITED SOURCE - PLEASE SEE ADVICE BELOW
FAILURE TO PROVIDE THIS MAY DELAY COMMENCEMENT IN POST**

NB: Only UK accredited laboratory reports or a validated UK Occupational Health Service immunisation report / certificate will be accepted as evidence if the post involves *exposure prone procedures. Healthcare workers who perform EPPs have a legal duty to inform the Occupational Health team if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

***Exposure prone procedures** are those which carry a risk of occupational injury by exposure of the patients open tissues to the blood of the healthcare worker. Procedures include those where the workers gloved hand may be in contact with sharp instruments, needle tips and sharp tissues e.g. spicules of bones or teeth inside a patients open body cavity, wound or a confined anatomical space where the hands or fingertips may not be completely visible at all times.

Hepatitis B Antigen	Hepatitis B antibody	Hepatitis C antibody	HIV Antibody
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You will be required to attend Occupational Health Clinics, when requested, to discuss having any immunisations, tests and any other issues that arise relating to my ability to carry out your role.

I give my **CONSENT** to Occupational Health consulting with my previous employer, any other Occupational Health Service or any other Health Services, solely relating to any vaccinations, immunisations or immunity checks that I have undergone.

PLEASE CIRCLE PREFERRED OPTION

YES

NO

Once complete - email form to occupationalhealth@uhcw.nhs.uk

SIGNED:

DATE:

FULL NAME (Block capitals please):