

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

HEALTH ASSESSMENT FOR STAFF WITH PATIENT OR SPECIMEN CONTACT	Issue 1: NOV 2015 WWF- 004H
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EMPLOYMENT DETAILS <i>Please complete in block capitals or type</i>				
Job Title				
Organisation/Trust				
Department/Ward				
Hours of work	Full	Part-time	Temporary/Fixed term	Months/Years
Start Date				

APPOINTING MANAGERS DETAILS	
Name and Role	
Telephone Number	
Work E-Mail	

MANAGER TO HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB		
Significant Manual Handling	Driving Patients or Clients	Vibrating Tools
Night Working 23:00-06:00	Respiratory Sensitisers/irritants	Lone Working
Food Handling	Regular use of latex gloves	PMVA/PBM
Exposure Prone Work	Skin Sensitisers	Other

PERSONAL DETAILS – TO BE COMPLETED BY CANDIDATE - <i>Please complete in block capitals or type</i>			
Surname			
Forename			
Title		Date of birth	
Gender			
Maiden/previous name			
Personal email			
Home phone number			
Mobile phone number			
Home Address			
Postcode			

In order to assess your fitness for the post that you have been offered, please complete the following questionnaire as fully as possible & return directly to Working Well at the address above.

The answers that you give to this questionnaire will be confidential to the Working Well Team and will not be given to anyone else without your permission. The purpose of the assessment is to:

- a) Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- b) To enable your employer to assess what adjustments to the job may be needed to enable you to work if you do have a health problem or disability.

Please read the following carefully and then answer the questions by ticking **YES** or **NO** in the box. If you answer **YES** to any of the questions, please provide further details in the space provided or attach a further sheet with information.

Guidance Notes:

Some health problems can affect the ability of any healthcare worker to effectively and safely do their job. Adjustments can usually be put in place to overcome such difficulties. The types of health problems that can affect a healthcare worker include:

- *Problems with standing, bending, walking and lifting, and spinal and joint problems as HCWs carry out a lot of moving and handling*
- *Some medications if they cause side effects such as drowsiness or immunosuppression*
- *Conditions that may cause sudden loss of consciousness eg epilepsy or insulin dependent diabetes*
- *Significant mental health problems including drug & alcohol misuse*
- *Allergies, particularly latex*
- *Skin problems especially affecting the hands as HCWs have to wash their hands very frequently*
- *Eyesight problems not corrected by glasses or hearing difficulties.*

		YES	NO
1	Do you have any health conditions or disabilities which might impair your ability to undertake effectively the duties of the position which you have been offered?		
2	Do you have a health condition or disability which might affect your work and which might require special adjustments to your work or place of work?		
3	Have you ever had any illness/impairment/disability which has been caused or made worse by work?		
4	Have you had in the last 6 months, a cough lasting more than 3 weeks, or unexplained weight loss or unexplained fever?		
5	Have you lived or worked abroad for three months or more in the last 5 years? (NICE guidelines on TB Management 2006) (If so, please state which country/countries below) <input style="width: 600px; height: 20px;" type="text"/>		
6	Have you ever had a positive test for a blood borne virus including hepatitis B, C or HIV?		
Please provide further details in the space provided if you have answered YES to any of the questions. Attach extra sheets or write on back if necessary:			
7	Have you had Chicken Pox?		

DECLARATION AND CONSENT: To be completed by candidate

I certify that the information I have given is true to the best of my knowledge and I understand that any deliberate material inaccuracy may result in the termination of my contract.

I agree to notify Working Well and my employer of any change in my health which may affect my ability to undertake my job safely either for myself or others.

I understand that an Occupational Health record will be created and held confidentially by Working Well in accordance with the provisions of the Data Protection Act.

If Working Well hold previous occupational health records for me relating to former employment, I agree to Working Well accessing these records, including immunisation details.

I understand that if any adjustments are necessary as a result of this assessment, Working Well will discuss these with me before making them to my employer.

*I give consent for Working Well to recommend adjustments to my employer, without me having seen a written copy of the adjustments first.

OR

*I would like to see a written copy of any adjustments recommended by Working Well to my employer before they are sent to my employer.

*** Please tick one of the above statements before signing below.**

If you do not, we will assume that you *would not* like to see a copy of a written report before your employer.

If you choose to see a written copy first, we will email this to you using the email address you provided above. Please keep a note of the passcode provided by your manager on the front of this form to allow you to access any adjustments recommended.

Signed

Date

Privacy Notice

No personal information held by us will be processed unless the requirements for fair and lawful processing can be met. Our Privacy Notice, which can be accessed at [Working Well](#) provides a summary of how we will ensure we meet these requirements.