with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Working Well
Your Occupational Health Service

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

HEALTH ASSESSMENT FOR UNIVERSITY OF GLOUCESTERSHIRE STUDENTS	Issue 1: DEC 2018 WWF- 004HUOG

COURSE DETAILS	
☐ MENTAL HEALTH NURSING	☐ ADULT NURSING
☐ PHYSIOTHERAPY	☐ PARAMEDICS
☐ NURSING ASSOCIATE	
Course Coordinator	
Contact Details	

EMPLOYEE DETAILS – TO BE COMPLETED BY EMPLOYEE			
Surname			
Forename			
Title		Date of Birth	
Personal email			
Home phone number			☐ Preferred?
Mobile phone number			☐ Preferred?
Work phone number			☐ Preferred?
Home Address			
Postcode			

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.

Please read the following questions carefully and answer below. If an answer is YES or NOT SURE, please give further details in the space below or on an additional sheet			
	YES	NO	NOT SURE
Do you have any existing physical or mental health conditions, including drug or alcohol misuse, which may affect your ability to complete or require special adjustments for training or when on placement?	☐	☐	☐
In the last 3 years, have you had any physical or mental health condition, including drug or alcohol misuse, that would have affected your ability to work or study for longer than one month or you have required special adjustments at work or study?	☐	☐	☐
Are you currently waiting for an appointment, investigations or diagnosis for any health condition?	☐	☐	☐

Please read the following questions carefully and answer below. If an answer is YES or NOT SURE, please give further details in the space below or on an additional sheet			
Have you been diagnosed by a doctor or OH service that you have an allergy to latex?	☐	☐	☐
Do you have a history of skin problems either as a child or at work?	☐	☐	
Do you have a health condition that may cause a sudden loss of consciousness e.g. Epilepsy, diabetes, heart problems or vasovagal attacks etc.	☐	☐	
Do you have a condition that affects your ability to stand, bend or reach including joint or muscular pain – this may be an intermittent issue?	☐	☐	
Have you ever had a positive blood test result for Hepatitis C or HIV?	☐	☐	
Have you ever had a positive blood test for Hepatitis B except to confirm you are immune after a vaccination programme?	☐	☐	
Do you have any health conditions that you feel may be made worse by working night shifts?	☐	☐	☐
Would you like a telephone conversation with an OH practitioner to discuss any health concerns you have with working night shifts?	☐	☐	
If ticked YES to any of the above, please give more details here:			

Health Declaration and Consent – completed by student		
	YES	**NO**
I certify that the information I have provided is true to the best of my knowledge. I understand that any deliberate inaccuracy may result in the termination of my contract of employment.	☐	☐
I agree to notify my course co-ordinator of any change in my health which may affect my ability to undertake my training or placements 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 existing occupational health records relating to former employment, I agree to you accessing both the clinical and immunisation records.	☐	☐
I understand that if any adjustments are necessary as a result of this assessment, Working Well will discuss these with me before my employer.	☐	☐
I give consent for Working Well to recommend adjustments to my course co-ordinator without me having a written copy first.	☐	☐
I would like to see a written copy of any adjustments recommended by Working Well before they are sent to my course co-ordinator.	☐	☐
If you do not select one of the above, we will assume that you want to see a copy of the written report before the University. We will email it using the email address you provided. The report will be emailed using the password WWddmmyy (using your DOB)		

Infectious Disease and Immunisation Screening			
1	What is your country of birth?		
		YES	**NO**
2	Have you worked for the NHS in a clinical role?	☐	☐
3	In the last 6 months, have you had any of the following: • Unexplained weight loss • Unexplained night sweats or fever (not-hormonal or weather related) • Had a cough for 3 weeks of more that has not fully resolved	☐	☐

4	For 3 cumulative months, have you lived, worked or visited outside of the UK in the last 5 years? USA, Canada, Spain, France, Germany, Italy, Belgium, Holland, Scandinavia, Turkey, Greece, Portugal, Australia and New Zealand do not apply	☐	☐
5	Have you worked in health care outside of the UK?	☐	☐
6	Have you ever received treatment for Tuberculosis?	☐	☐
7	Has a close family member or friend been diagnosed or treated for Tuberculosis?	☐	☐
8	Have you had a BCG vaccination?	☐	☐
9	Have you had chicken pox whilst living in the UK?	☐	☐
Please give details if you have answered YES to Q3 to Q7. Please specify each country and length of time spent there if you have answered YES to Q4 or Q5 Continue here			

Please provide evidence of the following information:	
Tuberculosis (TB)	Documentary evidence or clear history of BCG or scar check
TB	If you ticked YES to Q 4 or Q5 above, provide documentary evidence of a negative IGRA test (T-spot or Quantaferon Gold test) since coming to the UK
Rubella (German Measles)	Blood test result confirming immunity or Documentary evidence of immunisations (MR or MMR x2)
Measles	Blood test result confirming immunity or Documentary evidence of immunisations (MR or MMR x2)
Chicken Pox	If you have not had chicken pox whilst in the UK please provide Blood test result confirming immunity or Documentary evidence of immunisations x 2
Hepatitis B	Documentary evidence of immunity

Working Well are unable to clear you as Fit for Patient Contact without your immunisation information.

☐ I **DO** have copies of my immunisation records and I will send them to Working Well:

☐ Electronically with this form

☐ By Post

Please send scanned records by email or send photocopies by post.

DO NOT SEND ORIGINAL DOCUMENTS

☐ I **DO NOT** currently have any immunisation records (*This should only apply to staff new to the UK.)*

You will be seen at University for an immunisation assessment if you are not able to provide all the information requested. You will need to bring the following to your appointment:

- bring photographic evidence of identity (passport, Trust ID or photo driving licence)
- bring copies of any existing immunisation records

Employee Signature		**Date**	