THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

Health Declaration for Industry Staff	**Issue 1: DEC 2019** **WWF - 005**

EMPLOYMENT DETAILS *TO BE COMPLETED IN BLOCK CAPITALS BY APPOINTING MANAGER*					
New Employees Name					
New Employees Job Title					
Organisation					
Department					
Hours of work	Full Time ☐	Part-time ☐	Hours		
Start Date					
Contract:	Full Time ☐	Fixed Term ☐	Months		Agency/Bank ☐

APPOINTING MANAGERS DETAILS	
Name	
Telephone Number	
E-Mail address for e-fitness slip	

The Role will include the following tasks:		
Visual Display Unit (VDU) Work ☐	Occupational Driving ☐	Fork Lift Truck Driving ☐
Significant Manual Handling ☐	00.00–05.00hrs Night Working ☐	Lone Working ☐
Other (please provide details) ☐		
The Role will include exposure to:		
Respiratory Sensitisers / Irritants ☐	Significant/Repetitive Noise ☐	Dusts ☐
Hand Arm Vibration (HAVS) ☐	Skin Sensitisers/Irritants ☐	Chemicals ☐
Working at heights ☐	Confined Spaces ☐	
Other Hazards (please provide details) ☐		

PERSONAL DETAILS – TO BE COMPLETED IN BLOCK CAPITALS BY THE EMPLOYEE			
Surname			
Forename			
Title		Date of birth	
Gender			
Personal email			
Home phone number			
Mobile phone number			

Home Address	
Postcode	

Your appointment to your new role is subject to an assessment of your fitness to work. The purpose of this assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- To enable your employer to identify any adjustments to your work that may make life easier for you.

Please read the following three questions carefully. At the end there is a single **YES** or **NO** box to be ticked. To preserve medical confidentiality you are **not** required to identify any conditions/ illnesses you have or have had;

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 had in the last 6 months, a cough lasting more than 3 weeks, unexplained weight loss or unexplained fever?

To all of the questions above, I respond **NO** ☐

OR

To one or more of the questions above, I respond **YES** ☐

Important information for the applicant

The contents of this questionnaire will remain confidential to your Working Well Occupational Health Service and will not be disclosed without your consent.

The purpose of new employee health screening is to ensure that:

i. New staff do not have a health problem or disability that might impair their ability to carry out the tasks required in their new post
ii. Any necessary adjustments can be made to enable new staff who do have a health problem or disability to carry out their job safely
iii. The need for ongoing health surveillance can be identified

Applicants are advised that any false or misleading answers or failure to give pertinent information may render the individual liable to disciplinary action which may include dismissal.

OCCUPATIONAL HISTORY: *Please list your previous jobs in chronological order starting with your **present** position (use a separate sheet if necessary):*

	Organisation Name	Job Title	Dates (from-to)
1.			
2.			
3.			

Have you worked with, or been exposed to, any of the following: (tick as appropriate)

Computers ☐	Repetitive work ☐	Known respiratory sensitisers ☐
Noise (>80dBA) ☐	Vibration ☐	Known skin sensitisers ☐

Confined space ☐	Working at heights ☐	Fork Lift Truck Driving ☐
Occupational Driving ☐		
Other hazards (please give details) ☐		

Have you ever applied for compensation for any industrial injury/illness?	YES ☐ NO ☐
If YES, please give details. Continue on a separate sheet of paper if necessary:	

YOUR MEDICAL HISTORY

Do you have any of the following: Please tick YES or NO

	Health Issue	Yes	No	Details/Dates if Yes
1	Heart disease (including High Blood Pressure)	☐	☐	
2	Lung disease including COPD and Asthma	☐	☐	
3	Have you ever suffered from HAVS, Raynaud's Disease or Carpal Tunnel Syndrome?	☐	☐	
6	Recurrent Back, Joint or Muscle pain requiring more than over the counter medication	☐	☐	
7	Recurrent ear / nose / throat disease or hearing loss	☐	☐	
8	Fits / blackouts / faints or loss or consciousness	☐	☐	
9	Diabetes: diet, tablet or insulin controlled	☐	☐	
10	Skin disease e.g. dermatitis, psoriasis etc.	☐	☐	
11	Eye disease / visual problems / colour blindness	☐	☐	
16	Are you at present taking medication?	☐	☐	
17	Are you waiting for any medical treatment or investigations, assessments etc?	☐	☐	
18	Have you lost time from work due to illness in the past two years?	☐	☐	
19	Have you ever left a post on grounds of ill-health?	☐	☐	

DECLARATION AND CONSENT: *TO BE COMPLETED BY THE EMPLOYEE*

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 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 General Data Protection Act 2018. If Working Well holds previous occupational health records for me relating to former employment, I agree to Working Well accessing these records. 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.			
Signed		**Date**	

PLEASE RETURN YOUR COMPLETED FORM TO:

Working Well, The Orchard Centre
Gloucestershire Royal Hospital
Gloucester
GL1 3NN

Email: workingwell@nhs.net

Sending documents by Email is the preferred, greener option

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.