

**THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL**

<b>Health Assessment for Teaching Staff</b>	<b>Issue 1: NOV 2015 WWF- 004E</b>
---	--

<b>EMPLOYMENT DETAILS</b> <i>Please complete in block capitals or type</i>	
Job Title	
Job No	
Employing Trust	
Location/Area of Work	
Hours of work: Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Fixed term <input type="checkbox"/> Months/Years	
Start Date	

<b>APPOINTING MANAGERS DETAILS</b>	
Name	
Telephone Number	
Contact Address in full	
Contact to receive New Employees Fitness Report (tick one only)	Recruitment <input type="checkbox"/> Manager <input type="checkbox"/>
Secure Email if e-fitness report preferred	
Secure Password (for you to access the e-fitness report)	

<b>MANAGER TO HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB</b>		
Significant Manual Handling <input type="checkbox"/>	Minibus Driving <input type="checkbox"/>	Vibrating Tools <input type="checkbox"/>
Challenging behaviour or violence and aggression <input type="checkbox"/>	Respiratory Sensitisers/irritants <input type="checkbox"/>	Lone Working <input type="checkbox"/>
Food Handling (preparation) <input type="checkbox"/>	Repeated voice projection <input type="checkbox"/>	
Standing or walking for long periods <input type="checkbox"/>	Skin Sensitisers/irritants <input type="checkbox"/>	
Other (please state)		

<b>CANDIDATE DETAILS – TO BE COMPLETED IN BLOCK CAPITALS BY THE EMPLOYEE</b>	
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 Occupational Health, Rikenel, Montpellier, Gloucester, GL1 1LY or [workingwell@ghc.nhs.uk](mailto:workingwell@ghc.nhs.uk).

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:

- 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 guidance notes 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 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*
- *Medications if they cause side effects such as drowsiness or poor concentration*
- *Conditions that may cause sudden loss of consciousness eg epilepsy or insulin dependent diabetes*
- *Significant mental health problems (2 or more episodes that have required treatment or interventions or have required more than 3 weeks away from work. Drug or alcohol misuse*
- *Visual problems not corrected by glasses or hearing difficulties.*
- *Repeated voice projection problems*
- *Significant and sustained raised fatigue levels*

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, either now or in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 either now or in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever had any illness/impairment/disability which you or a medical practitioner feels has been caused or made worse by work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	More than 4 weeks cumulative absence from work in the last 2 years due to a medical condition that has not fully resolved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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 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 holds 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**

**Email**

### **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.