

**THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL**

<b>Health Declaration for office based staff in Industry</b>	<b>Issue 2: DEC 2023 WWF- 002I</b>
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**EMPLOYMENT DETAILS - Please complete in block capitals or type**

Job Title				
Organisation				
Department				
Hours of work: Full time	Part-time	Temporary/Fixed term	Months/Yrs	
Start Date				

**APPOINTING MANAGERS DETAILS**

Name and Role	
Telephone Number	
Secure Work E-Mail	

**MANAGER TO HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB**

Significant Manual Handling	Respiratory Sensitisers/irritants
Night Working 23:00-06:00	Vibrating Tools
Food Handling	Skin Sensitisers/irritants
Lone Working	Other (please state)

**PERSONAL DETAILS – TO BE COMPLETED BY CANDIDATE - Please complete in block capitals or type**

Surname									
Forename									
Title		Date of Birth							
Gender									
Maiden/previous name									
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**

**Please sign below, and return completed form to your appointing  
Manager/recruitment team**

If you tick **NO**, this form will be retained in your personal file. No further action is needed on your part. If you tick **YES**, your appointing manager will send this form to Working Well Occupational Health Service who will contact you to discuss your response. Usually issues can be resolved with a phone call but occasionally you may be required to attend Working Well for an appointment.

*In completing this form, you are certifying that to the best of your knowledge and belief the information given here is true and correct. Please note any deliberate material inaccuracy in this or any subsequent information given to Working Well may result in your placement being terminated.*

<b>Applicants Signature:</b>		<b>Date:</b>	
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### **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 <https://www.workingwellglos.nhs.uk/privacy-notice/> provides a summary of how we will ensure we meet these requirements.