



Pre-employment Health Assessment Questionnaire

(for use from 1 October 2010)

**University Occupational Health Service
10 Parks Road
Oxford
OX1 3PD**

Telephone: (01865) 282676 Fax: (01865) 282678 (+44 1865 from outside the UK).

Alternatively e-mail: enquiries@uohs.ox.ac.uk

Section 1 - INFORMATION FOR APPLICANTS

The information provided on this form will be used (i) to assess your medical capability to do the job for which you have applied; (ii) to determine whether any reasonable adjustments may be required to accommodate any disability or impairment which you might have; and (iii) to ensure that none of the requirements of the job for which you have applied would adversely affect any pre-existing health conditions you may have.

Completing the form

Please read all the information provided in this form and the attached job description carefully and then complete sections 4 and 5, including the declaration. Should you need assistance to complete this form, please contact the University's Occupational Health Service (UOHS).

If your job will involve clinical contact with patients, or work with human blood, blood products or human tissue you **must** complete the relevant questions in section 4.

Medical fitness

If you have any doubts about your medical fitness to perform the job you have been offered, please contact the UOHS **before resigning from your current employment** to arrange an urgent assessment.

Data Protection Act 1998 / Freedom of Information Act 2000 / Confidentiality

The University of Oxford Occupational Health Service (UOHS) will treat the information you provide on this form in a strictly confidential manner, and it will be held in accordance with the principles of medical ethics and relevant legislation.

If you require reasonable adjustment to your job or workplace (e.g. for reasons of health and safety) and/or where any such adjustment is necessary for your personal protection (e.g. epilepsy, type 1 diabetes, functional disability), information about the adjustments required (but not your underlying medical condition) may be divulged to your employing department and/or college for the purpose of determining whether any adjustments are required or can be made to the post for which you have applied.

Equality Act 2010

This form enables the UOHS to assess your medical fitness against the specific requirements of the post for which you are being considered. If you have a disability or impairment, the information you give us about it on this form will help us to ensure that any reasonable adjustments you may require are considered properly. The information you give us will also provide baseline data for any future health assessment(s) that may be made during your employment.

What happens to the information provided

UOHS will use the information you provide to complete their assessment of whether you are medically fit for the post you have been offered. A copy of sections 2 and 3 ONLY of this form will be returned to the recruiting department to confirm the outcome of the UOHS assessment. The original form will be retained confidentially by UOHS.

Section 2 - TO BE COMPLETED BY DEPARTMENT

The department should complete this section of the form before sending it to the applicant for completion

Applicant information	
Surname :	Forename(s) :
Title :	Gender: Male / Female
Date of birth : Day / Month / Year	<i>N.B. Gender and date of birth are required as unique personal identifiers</i>
Current address :	
Postcode :	
Daytime telephone number* :	
Mobile telephone number :	
Email:	
Management information	
Job title :	
Proposed start date : Day / Month / Year	End date (if fixed-term contract) : Day / Month / Year
Working hours: full-time / part-time <i>[delete as appropriate]</i> If part-time , please note % full-time and arrangement of hours:	
Employing department :	
Recruiting officer / administrator :	
Contact phone number :	Contact e-mail address :

***Daytime (9am - 4pm, UK time) contact details:** If the UOHS needs further information or clarification regarding your health, an Occupational Health Adviser will contact you.

To be completed by the department prior to sending the form to the applicant.

Job activity description			
Will this job require:	Yes	No	Details
An essential need for accurate colour vision or hearing			
Clinical contact with patients, or contact with human blood, blood products, or tissue			
Specific physical demands			
Driving a University vehicle <i>Please note: ANY vehicle is to be indicated, including ride-on mowers, fork lift trucks, etc.</i>			
Food handling & the preparation of food			
Other hazards (e.g. rotating machinery)			
Regular night-work or lone working			
The undertaking of or assisting with exposure-prone procedures			
Work that may directly affect the safety of others			
Travel abroad on University business (not including attendance at symposiums, conferences and seminars)			
Work with ACDP Class 2 or 3 pathogens, or GMO			
Work with animals or insects			
Working in unusual environmental conditions or in fieldwork			
Working with lasers or laser equipment			

Please attach job description for post and note any additional relevant information below.

Section 3 – OUTCOME OF HEALTH ASSESSMENT (for Occupational Health Service use only)

Surname :	Forename(s) :
Date of birth : Day / Month / Year	Gender: Male / Female
Job title:	
Employing Department:	
<input type="checkbox"/> Medically fit for proposed employment	
<input type="checkbox"/> Medically fit for the proposed employment with the following recommended adjustments:	
<input type="checkbox"/> Further information is being sought and there will be a delay	
If this box is ticked, further information is required which will necessitate the UOHS contacting the applicant's General Practitioner or other health care professional.	
Please note: Any request for such information will be made in accordance with the Access to Medical Reports Act 1988, and because of this, there may be a delay in the processing of this health clearance questionnaire of several weeks. The UOHS will keep the recruiting officer informed of any significant developments, and will provide an outcome at the earliest possible opportunity.	
OH Adviser/Physician signature:	
Name:	Date:

Section 4 – TO BE COMPLETED BY APPLICANT

Section 3 describes particular job activities for this employment and a copy of the job description for this post is attached. Please read this information carefully and then answer **all** questions below to the best of your knowledge.

<i>Please answer all questions: incomplete forms may delay the recruitment process. If you answer 'Yes' to any question, please give further details in the space below.</i>	Yes	No
Are you currently working, or have you previously worked, for the University of Oxford?		
Are you taking, or will you be taking, any medication which might affect your capacity to do the job you have applied for?		
Are you waiting for any medical investigations, treatment or admission to hospital?		
Do you have any health problems that may have been caused or made worse by work?		
Do you have any health problems that you think may affect your performance or safety in work? (Please see note below for examples)		
Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism?		
Do you suffer with any condition that could affect your immunity?		
Have you ever suffered from asthma or an allergic reaction?		
Have you had any skin problems e.g. eczema, psoriasis, dermatitis or recurrent skin infections?		
Is your immunity to infection reduced by disease or drugs? (e.g. HIV or steroids.)		
If you have any medical condition(s) that would require reasonable adjustment(s) to be made to your workplace or working practices, please give further information below. (Information about the Access to Work scheme is attached)		

Note: examples of illnesses or other conditions which may be relevant include (but are not limited to): vision deficiencies, disorders of the heart or arteries, chronic infections, epilepsy, fits, fainting, blackouts, giddiness, back trouble, arthritis, chest complaints, drug and alcohol-related problems, nervous or psychiatric conditions, removal of your spleen etc.

Details:

Additional questions for applicants who will be working with human blood, blood products, or tissue samples; or who will be in direct contact with patients; or who will be working for the Veterinary Service or Biomedical Service departments (except clerical or administrative applicants).

Applicants are required to provide evidence of their immunisation status. If you are not sure of your immunisation status, please acquire the information from your General Practitioner, or from your past or present Occupational Health Service.

Have you had:	Yes	No	Date	Result / comments
TB tests; (Heaf, Mantoux, PPD or QuantiFERON)				Result / Grade:
BCG vaccination				Scar size: mm. (The size of the scar is an indicator as to whether you may or may not have a immunity to Tuberculosis.)
Hepatitis B immunisation*			Initial: _____ Booster: _____	Give dates of when you completed the year of your initial immunisation and, if applicable, of your last booster.
Hepatitis B antibody test*				miu/ ml
Rubella (German measles) immunisation				
Rubella antibody test*				Immune/ non-immune (delete as appropriate).
Tetanus immunisation				Give date of last booster
Diphtheria immunisation				
Chickenpox or shingles				
Varicella (VZV) antibody test*				Immune/ non-immune (delete as appropriate).

***Please send copies of laboratory reports if available**

Conditions for applicants involved in the care of patients

You must inform the University Occupational Health Service if you have ever tested positive for any transmissible blood borne virus infection (e.g. Hepatitis B, Hepatitis C, or HIV) or you have any other illness that may affect the care of patients. Furthermore, during your employment you must inform the UOHS if, at any time you are diagnosed as having, or suspect that you may have contracted any blood borne disease, or you have any other illness that may affect the care of patients. If aspects of your work may involve a risk of transmission to patients, you must refrain from such work until the risk has been assessed and any necessary measures to prevent transmission have been agreed and implemented.

PLEASE NOTE: should the employment involve participation in surgical or exposure prone procedures you will not be passed fit to commence work until: (i) the UOHS has obtained satisfactory documentary evidence of your immunisation status; or (ii) you have completed any tests necessary to comply with the Department of Health requirements; or (iii) you have completed any tests necessary to comply with the relevant NHS Trust's Infection Control Policy.

Section 5 – DECLARATION AND CONSENT BY THE APPLICANT

I have read the information provided on this form and I have answered all the questions honestly, accurately and in full.

I also understand that should I conceal relevant information or provide deliberately misleading information about my health either on this form or at a health interview, the offer of employment may be withdrawn, or my employment may be terminated.

Female candidates: if you are pregnant, or think you might be, you should inform your departmental administrator or manager as soon as possible **after your job offer has been confirmed**. This is required in order that an appropriate risk assessment of your workplace and your employment may be performed as required by the Management of Health and Safety at Work Regulations 1999.

I understand that the information I provide may be released to my employer for the purpose of determining whether any adjustments are required or can be made to the post for which I have applied, and I consent to the release of such information.

PLEASE NOTE :

Before signing this form please make sure that you have completed the questions as accurately as you are able, and that you have provided any further details where necessary.

If you have answered 'YES' to any of the questions, please ensure that in your personal information there is included a daytime telephone number in order that you may be contacted if necessary.

Signature _____ Date _____ Day / Month / Year

Seal the questionnaire in the enclosed addressed envelope provided, and **return it to the person who sent you the form**. **Do not** send the form directly to the University of Oxford Occupational Health Service as this may delay the recruitment process.

If you wish to inform the UOHS of any other relevant health or social issue that is not covered elsewhere in the form, please use the space below and continue on a separate sheet if necessary.

Attachments:

-Job description for post

-Access to Work information sheet

The Access to Work Fund

If you have a health issue and require equipment or adaptations to support you undertaking your work please read the following information:

The Access to Work Fund is a government fund available to help employees overcome difficulties in the workplace resulting from a disability/ health issue. It provides funding towards, for example, special aids and equipment and adaptations to premises. The individual with the disability makes the application to the Fund by contacting their local Access to Work office who will work with the employer to provide the appropriate support. For applicants taking up a new post or in a job for less than 6 weeks the cost of the adaptation is borne wholly by the Fund as long as the application process has been started prior to this time. Although all such reasonable adaptations can be provided for you at any time during your employment your prompt application to the Access to Work Fund will ensure that any appropriate support is in place before you start and significantly reduce the costs incurred by the University.

How to contact Access to Work

If you feel that the type of work you do is affected by a disability or health condition and likely to last for 12 months or more, contact your regional Access to Work centre to check whether you can get help.

Jobcentre Plus
Access to Work Operational Support Unit
Nine Elms Lane
London SW95 9BH,
Telephone: 020 8426 3110
Textphone: 020 8426 3133
Fax: 020 8426 3134
Email: atwosu.london@jobcentreplus.gsi.gov.uk

Alternatively, ask the Disability Employment Adviser (DEA) at your local Job Centre about Access to Work.

To discuss any aspects of this process confidentially with a University of Oxford Occupational Health Service Nurse Adviser please contact us at: 10 Parks Road, Oxford, OX1 3PD. Telephone 01865-282676 or email: enquiries@uohs.ox.ac.uk

An ATW fact sheet is available at: <http://www.admin.ox.ac.uk/eop/disab/atwfactsheet.pdf>