



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

CONFIDENTIAL HEALTH ASSESSMENT FORM For Volunteers and Work Experience Placements			
Part 1:			
Job Role:		Department:	
PART 2:			
<p>Your answers to this questionnaire will be CONFIDENTIAL to the Occupational Health Team and will not be given to anyone else without your written permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Occupational Health team and may need to be seen by an Occupational Health Nurse Adviser or Physician.</p> <p>Please help us to help you by completing the questionnaire as fully as possible. Please complete this form in BLACK pen / typeface and block capitals</p> <p>If you have any questions about completing this form, please do not hesitate to contact us at the Department. Telephone number: 01553 613757, email: occupational.health@qehkl.nhs.uk</p> <p>Please ensure you answer all questions as full as possible. Failure to complete this questionnaire will result in a delay to your health clearance and subsequent start date.</p>			

SECTION A: Personal details			
Surname/Family Name:			
Previous Surname (if applicable):			
First Name(s):			
Date of Birth:		Title:	
Home Address (including post code):			
Home / Mobile Telephone:			
Email Address:			
May we contact you by email / text and/or telephone:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name of GP:			
GP Address (including post code):			
GP Telephone number:			
Previous Employment			
Are you new to working for the NHS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you worked for this NHS Trust before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES please provide date left:			
Have you worked for any other NHS Trust before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES please state where:			
Are you currently working in Clinical Healthcare (NHS or Private)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SECTION B: Medical Information		
Do you have or ever had a health condition or disability (physical or psychological which could cause you any difficulties in undertaking the job you have been offered?)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Do you think that you may require special adjustments or certain equipment in order to complete the tasks of the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Have you ever had any health condition/impairment/disability which may have been caused or made worse by your work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Are you taking any regular prescribed medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Are you having or waiting for treatment or investigations at present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Are you or have you ever been treated for:		
Mental health problems (including anxiety, depression, eating disorders, alcohol or drug abuse)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Musculoskeletal problems (such as back pain, arthritis, pains in upper limbs, lower limbs, neck, shoulder)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Have you any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Skin problems (including eczema, dermatitis or associated allergies (e.g., Latex)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		
Do you have any of the following:		
Cough lasting more than 3 weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained weight loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained fever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had tuberculosis or been in recent contact with someone with TB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you lived / worked continuously in the UK for the last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO please indicate which countries you have lived / worked in:		

SECTION C: Vaccination Information (please obtain details from your GP)		
	Date	Grade / Blood Test results
Heaf Test or Mantoux (Tuberculin test)		Evidence required:
BCG		Scar present: YES <input type="checkbox"/> NO <input type="checkbox"/>
Rubella vaccine		Immune: YES <input type="checkbox"/> NO <input type="checkbox"/> Evidence of immunity is required
MMR	1: 2:	Evidence of antibody test/immunity for measles, mumps & rubella is acceptable
Measles vaccine	1: 2:	Evidence of antibody test/immunity for measles is acceptable
Tetanus/Diphtheria	Primary course: Booster:	
Pertussis (Whooping cough)		
Polio	Primary course: Booster:	
VZ (Chickenpox) vaccine	1: 2:	Evidence of antibody test/immunity for chicken pox is acceptable
Have you ever had Chicken Pox infection	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please list any other vaccinations you have had		

SECTION D: Declaration			
<p>I declare that the information I have given is correct to the best of my knowledge. I understand that I may be contacted by a member of the Occupational Health Department to discuss information or the requirement of a clinical assessment.</p> <p>I understand that this offer of appointment or continued employment may be affected if I have intentionally left out any details or answered untruthfully.</p> <p>I understand that a fitness certificate will be based on the above information. I understand that NO confidential or personal health information (with the exception of Immunisation information which can be given to my Manager) will be released without my consent.</p>			
Signed:		Date:	