**WORK HEALTH ASSESSMENT FORM**

**HEALTHCARE WORKERS INVOLVED IN PATIENT CARE, PATIENT CONTACT**

**& BODY SAMPLE HANDLING**

The Leeds Teaching Hospitals NHS Trust Occupational Health Service

St James University Hospital Beckett Street

Leeds LS9 7TF Tel: 0113 2065228

[occupationalhealthlth@nhs.net](mailto:OccupationalHealth@leedsth.nhs.uk)

**Once this form is completed return by email to the Occupational Health Service at** [**occupationalhealthlth@nhs.net**](mailto:occupationalhealthlth@nhs.net)**. Please title your email Health Assessment Form for Employment Clearance.**

**Your answers on this form will be confidential to the Occupational Health Service team and will not be given to anyone else without your written permission. Our aim is to promote and maintain the health of all people at work and also to ensure patient safety. The purpose of the work health assessment is to see whether you have any health problems that could affect your ability to safely undertake the duties of the job you have been offered.**

**We may also recommend adjustments to enable you to do the job. Before our Work Health Assessment Certificate is sent to the appointing officer/manager you may be contacted by the Occupational Health Service team and you may need to be seen by one of our clinicians.**

**Please help us to help you by completing this form as fully as possible. Please complete this form in BLACK typeface/pen and block capitals.**

**All individuals are required to complete all sections of this form. If you have any difficulties completing this form or want to discuss any issues in a confidential setting, please contact the Occupational Health Service. Failure to fully complete the form will result in it being returned to you and a delay in clearance for employment.**

**As you start your new job, if there are any aspects of your health that you are concerned about in relation to your work, please come and talk to us. It may be that you have had a serious physical or mental health problem in the past which hasn’t quite resolved or you are on long term medication and some modifications of your work would make life easier for you. You may just be worried about some current symptoms. Even if you are not sure whether your health might impact on the way you do your job, please ask us. We cannot guarantee to sort everything out but we will work with you to do whatever is possible.**

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| **Section A.**  **To be completed by the applicant** | | | |
| Title: | Click Here. | | |
| Surname: | Type Here | | |
| First Name: | Type Here | | |
| Previous Name: | Choose an item. | | |
| Date of Birth: | Day. | Month. | Year. |
| Gender: | Please select. | | |
| Address: | Address Line 1. | | |
|  | Address Line 2. | | |
|  | Address Line 3. | | |
|  | Postcode. | | |
| Home Number: | Enter Here. | | |
| Mobile Number: | Enter Here. | | |
| E-mail Address: | Enter Here. | | |
| GP Name: | Enter Here. | | |
| GP Address: | Address Line 1. | | |
|  | Address Line 2. | | |
|  | Address Line 3. | | |
|  | Postcode. | | |

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| **To be completed by the appointing officer**  **If this box is not completed in full the form**  **will not be processed** | |
| Employing Organisation: | UoL Medical School |
| Post Applied For: | |
| Overseas Elective med student | |
| Exposure Prone Procedures: Observership | No |
| Department/Location: | |
| Enter Here. | |
| Appointing Officer: | |
| Jack Armstrong | |
| Managers Details: | |
| Enter Here. | |
| Telephone Number: | 0113 343 6394 |
| E-mail Address: | |
| j.d.armstrong@leeds.ac.uk | |
| Start Date | Click here to enter a date. |

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| **Section B. To be completed by the applicant**. | |
| 1. Do you have a health condition or disability (physical or psychological) which could cause you any difficulties in undertaking the duties of your role? | Please Choose. |
| 2. Do you think that you may require special adjustments or certain equipment in order to complete the tasks involved in your role? | Please Choose. |
| 3. Have you ever had any health condition / impairment / disability which may have been caused or made worse by your work? | Please Choose. |
| 4. Are you taking any regular prescribed medication? | Please Choose. |
| 5. Are you having or waiting for treatment or investigations at present? | Please Choose. |
| 6. Have you ever been treated for Mental Health problems (including anxiety, depression, eating disorders, alcohol or drug abuse?) | Please Choose. |
| 7. Musculoskeletal problems including any difficulties in standing bending lifting or other movements (back pain, arthritis, pains in upper limbs, lower limbs, neck, shoulder) | Please Choose. |
| 8. Skin problems (including eczema, dermatitis, or associated allergies (e.g. latex) | Please Choose. |
| **Guidance to help you complete section B and C**  Health problems that can affect the ability of any healthcare worker (before any adjustments are put in place) to effectively and safely (patient safety and healthcare worker safety) undertake the duties of the job that they have been offered can include the following examples:-  Medication side effects such as drowsiness, eyesight problems not corrected with glasses, hearing difficulty, skin problems particularly on the hands (healthcare workers wash their hands frequently to control spread of infection), problems with standing bending walking lifting/spinal or joint conditions (healthcare workers can carry out a lot moving and handling work), significant mental illness/psychological problems, drug or alcohol misuse, sudden loss of consciousness or awareness, allergies particularly latex allergy, diabetes, conditions caused or made worse by work and immunosuppression in the last 5 years due to drugs/treatment/medical condition. | |

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| **Section C. To be completed by the applicant**  **If you have answered “Yes” to any of the questions in Section B please quote the question number below and provide further detail for each question number as follows**  a) Diagnosis or details of the problem  Enter text here  b) Details of treatment including medication and dates  Enter text here  c) Explain if the problem continues to affect you in any way (*Attach further sheets or information to this form if needed)*  Enter text here |

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| **Section D. - Immunisation history - To be completed by the applicant.**  Have you ever had any of the following immunisations? Please indicate “Yes”, “No” or “Don’t know” and where possible include the date. | | | | |
| **Diptheria (Most Recent)** | Please select. | **Day.** | **Month.** | Year. |
| **Tetanus (Most Recent)** | Please select. | **Day.** | **Month.** | Year. |
| **Poliomyelitis (Most Recent)** | Please select. | **Day.** | **Month.** | Year. |
| **MMR Injection 1 (Mumps, Measles and Rubella/German Measles)** | Please select. | **Day.** | **Month.** | Year. |
| **MMR Injection 2 (Mumps, Measles and Rubella/German Measles)** | Please select. | **Day.** | **Month.** | Year. |
| **BCG (TB Immunisation)** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B Vaccine 1** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B Vaccine 2** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B Vaccine 3** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B Booster Vaccine** | Please select. | **Day.** | **Month.** | Year. |
| **Varicella (Chickenpox) Vaccine 1** | Please select. | **Day.** | **Month.** | Year. |
| **Varicella (Chickenpox) Vaccine 2** | Please select. | **Day.** | **Month.** | Year. |

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| **Section E. To be completed by the applicant**.  **Tuberculosis (TB): Answer each of the questions in this section** | |
| How long have you been a resident of the UK? | Please choose. |
| Have you live or worked abroad within the last 5 years? | Please State |
| If you have answered “Yes” to the above, please state which Country/Countries | Enter text here |
| Have you or anyone in your family ever had treatment for TB, or have you been knowingly exposed to TB in the last 5 years? | Please State |
| In the last 12 months have you had a cough for more than 3 weeks, ever coughed up blood or had any unexplained loss of weight or fever? | Please State |
| If you have answered “Yes” to any of the TB questions; please provide further information in the space to the right (include symptoms, duration etc.) | Enter text here |

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| **Test/Investigation/Infection history**  Have you ever had any of the following tests/investigations/infections? Please indicate yes or no.  **Attach documentary evidence of result(s) if available.** | | | | |
| **Measles Blood Test** | Please select. | **Day.** | **Month.** | Year. |
| **Rubella/German Measles blood test.** | Please select. | **Day.** | **Month.** | Year. |
| **TB skin test (Heaf or Tine or Mantoux) in the last 5 years.** | Please select. | **Day.** | **Month.** | Year. |
| **Chest X Ray in the last 12 months.** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B surface antibody blood test. (See Section G)** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis B surface antigen blood test. (See Section G)\*** | Please select. | **Day.** | **Month.** | Year. |
| **Hepatitis C antibody blood test. (See Section G)\*** | Please select. | **Day.** | **Month.** | Year. |
| **HIV antibody blood test. (See Section G)\*** | Please select. | **Day.** | **Month.** | Year. |
| **Varicella (chicken pox) blood test.** | Please select. | **Day.** | **Month.** | Year. |
| **Have you ever had Hepatitis B or Hepatitis C?\*** | Please select. | **Day.** | **Month.** | Year. |
| **Do you have HIV infection?** | Please select. | **Day.** | **Month.** | Year. |
| **Have you had chicken pox or shingles?** | Please select. | **Day.** | **Month.** | Year. |
| **\* Only needs to be answered if the Appointing Officer has stated on Page 1 that the job involves Exposure Prone Procedures (defined on Page 4). If job involves clinical duties in renal dialysis and renal transplantation units please answer “Hepatitis B surface antigen blood test” question and “Have you ever had Hepatitis B or Hepatitis C” question.** | | | | |

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| **Section F. To be completed by the applicant**  **Declaration**  I certify that the information given by me on this form is, to the best of my knowledge, correct and I am prepared to attend the Occupational Health Service for health assessment if necessary. I understand that no medical details will be divulged without my informed consent outside of the Occupational Health Service, but that an opinion about my fitness for the job, level of function and adjustments to help me work safely/protect patient safety will be given to the appointing officer/management. I have completed sections A, B, C, D, E, F and read section G overleaf. I understand and agree to abide by the conditions contained in the above statement. I have attached to this form the available documentary evidence for section E.  I confirm the above statements to be true  I understand and agree to the above declaration statement  Signature of Applicant (if completing paper copy)…………………………………………………… Date …………………… |

**G. To be read by the individual.**

**Applies to all health care workers**

HIV, Hepatitis B or Hepatitis C blood tests can be carried out by occupational health service on request. Health care workers with antibodies to HIV must ensure that they remain under regular medical and occupational health supervision whilst involved in the direct care of patients.

Health care workers need to see their GP if they have any of the following symptoms suggestive of TB: Fever and night sweats, persistent cough for more than 3 weeks, losing weight, blood in the sputum (phlegm or spit) at any time. If TB is suspected or confirmed contact the Occupational Health Service immediately.

If employed and there is a change in your health or function before you start work, please disclose this to the Occupational Health Service.

All health care workers need to be up to date with the current UK immunisation schedule. In addition health care workers need to have full protection against Hepatitis B, varicella (chicken pox), TB, diphtheria, tetanus, polio and MMR (mumps, measles and rubella). <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book> See Immunisation of healthcare and laboratory staff Chapter 12.

<http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074981.pdf> is helpful

**Applies to health care workers who will not perform exposure prone procedures (includes students)**

Hepatitis B: Health care workers who may have contact with patient’s blood, blood-stained body fluids or patient’s tissues are eligible for immunisation against Hepatitis B. Please attach to this questionnaire Hepatitis B surface antibody test results from a UK accredited laboratory, if available.

If infected with, or believe you may have been exposed to HIV, Hepatitis B or Hepatitis C please discuss with an Occupational Health Practitioner/Physician if there is any risk of your blood contaminating a patient. Eg biting, or reverse sharps injury or splash.

**Applies to health care workers who will or may perform exposure prone procedures (includes students)**

If infected with, or believe you may have been exposed to HIV, Hepatitis B or Hepatitis C please discuss with an Occupational Health Practitioner/Physician before patient contact.

Hepatitis B: Please attach to this questionnaire your most recent Hepatitis B surface antibody and Hepatitis B surface antigen test results. These results must be from identified validated samples. Certain categories of Hepatitis B infected health care workers cannot perform exposure prone procedures and cannot carry out clinical duties in renal dialysis and renal transplantation units.

Hepatitis C: Hepatitis C status is required for health care workers commencing professional training for careers that rely upon performing exposure prone procedures. Please attach to this questionnaire your most recent antibody to Hepatitis C test result. These results must be from identified validated samples. Health care workers who are Hepatitis C virus RNA positive cannot perform exposure prone procedures.

HIV: Following new guidance, some healthcare workers who are HIV positive (with treatment or without treatment) may now be able to carry out exposure prone procedures, but will need strict regular monitoring under the supervision of the Occupational Health Service.

All HIV infected healthcare workers performing exposure prone procedures will need to be registered with the confidential national register, the UKAP-OHR (UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses).

**Explanatory information**

Hepatitis B surface antibody: Is used to check immune response to Hepatitis B vaccine

Hepatitis B surface antigen: Determines if a person is infected with Hepatitis B.

Antibody to Hepatitis C: Indicates whether a person is infected with Hepatitis C. If antibody to Hepatitis C is positive, Hepatitis C virus RNA test also required to determine infectivity to others.

Exposure Prone Procedures as defined by the Department of Health (EPP): Exposure prone procedures are those where there is a risk that injury to the worker may result in the exposure of the patients’ open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bones or teeth) inside a patients open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Identified Validated Sample (IVS): An IVS sample must be taken within an NHS Occupational Health Service with photographic ID (eg driving licence or passport), stamped ‘IVS’ and signed by the Occupational Health Service completing the test.

**Data Protection & Clinical Audit**

We hold information about our clients in the form of confidential medical records and electronic computer records. You are entitled to see this information. Please ask us if you want to know more about this.

We hold this information to enable us to ensure that you get the right care and treatment. It also helps our staff to review the care they provide to make sure it is of the highest standard. Within the Occupational Health Service we carry out clinical audits using information held on medical records and electronic computer records. If you want to know more about how we use this information within the Occupational Health Service, or do not want your records using for this purpose, please speak to a doctor or nurse.