

**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
CONFIDENTIAL**

The NHS requires all NHS employments, including those hired as a locum or temporary worker thru an agency, to undergo occupational health checks based on the NHS developed standards with the Department of Health. All checks and information in this document is compliant to the Data Protection Act 1998. Only information and recommendations that are essential to the recruitment decision will be forwarded to your prospective employers.

PERSONAL INFORMATION

Title:	Surname:	First Names:
Date of Birth:	Sex:	
Home Address:	GP Address	
Home Tel:	Work Tel:	
Mobile No:	Email add:	

OCCUPATIONAL HEALTH SCREENING HISTORY

When was your last screening test?

Where was it performed?

Were the results abnormal in anyway?

Yes	No
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If yes please give details below.

BASIC HEALTH HISTORY

<i>Please provide us details if you answer Yes to any of the following questions or if you are on any medications, please check appropriate box for your answer.</i>		
	Yes	No
Impairment which may affect your ability to work safely?		
Are you pregnant?		
Are you regularly taking any medications in any form? (tablets, injections)		
Is there any aspect about your medical history that you think may be relevant to your employer?		
Would you require any adjustments to your environment to undertake your chosen occupation?		
Do you have any conditions of vision, hearing or speech which may affect your ability to work?		
A drug or alcohol problem?		
Are you attending any hospital for treatment or currently awaiting treatment?		
<i>Do you now or have you ever suffered from or received treatment for</i>		
Respiratory symptoms (including asthmatic or allergic), disorders or disease		
Alcohol/Drug related symptoms, disorders or diseases		
Cardiovascular symptoms, disorders or diseases		
Gastrointestinal symptoms, disorders or diseases		
Neurological (including epileptic) symptoms, disorders or diseases		
Psychiatric symptoms, disorders or diseases		
Genitourinary symptoms, disorders or diseases		
Endocrine (including diabetic) symptoms, disorders or diseases		
Skin symptoms, disorders, diseases including reactions to gloves and glove powder		
Haematological symptoms, disorders or diseases		
Bone or Joint symptoms, disorders or diseases (including back pain)		
Recurrent sore throat (including treatment for MRSA infections)		
Bone or Joint symptoms, disorders or diseases (including back pain)		
Immuno-deficiency symptoms e.g. HIV positive diseases or disorders		
Overseas travel symptoms, disorders or diseases		
Stress related disorders or diseases		

PREVIOUS EMPLOYMENT

Have you worked with the NHS in the last 12 months?

Yes	No
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IMMUNISATION HISTORY

Have you had any of the following?

	Yes	No	Date
Diphtheria			
Poliomyelitis			
Tetanus			
BCG Vaccination			
MMR (1 st Vaccination)			
MMR (2 nd Vaccination)			

<i>You must send to us the following:</i>	
Varicella	You must provide a written statement confirm you have had chicken pox or shingles or a blood result showing varicella immunity.
Tuberculosis	We require an Occupational Health/ GP certificate of a positive scar or a record of a positive skin test result.
Mumps, Measles & Rubella	Certificate of vaccination or blood test result is required showing the immunity levels
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above if possible or antigen status if titre level is below 100lu/l. The report must be an identified validated sample.
Hepatitis C	Proof of Hepatitis C non-infectivity is required for staff performing exposure prone procedures. As appropriate, please either provide an identified validated sample of your most recent UK pathology report
Hepatitis B Surface Antigen	Proof of a negative result

Chicken Pox or shingles		
Have you ever had chicken of shingles?	Yes	No

Important Information:

Whilst past infection often suggests immunity the only true way of ascertaining this is by blood testing. To confirm if immune or if immunisation is required it is strongly recommended to obtain blood for serology, unless evidence of immunity is provided.

TB History	Yes	No
Have you ever had a positive TB skin test?		
Have you ever had an abnormal chest x-ray?		
Have you recently had the mucous you cough up tested for TB?		
If yes, were you told it was positive?		
Have you ever been told you have Infectious Tuberculosis?		
If yes, how long ago?		
Have you ever been treated with medication for Infectious TB		
Are you still taking TB medicine?		
Did you take all the TB medicine until the health care professional told you that you were finished?		
Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. roommate, close friend, relative).		
Current TB Symptoms	Yes	No
Do you have a cough that has lasted longer than three weeks?		
Do you cough up blood or mucous?		
Have you lost your appetite? Aren't hungry?		
Have you lost weight (more than 10 pounds) in the last two months? With out trying to?		
Do you have night sweats (need to change the sheets or your clothes because they are wet)?		
Details		

Tuberculosis

As an agency worker you are required to provide evidence that your BCG Scar has been vetted by a suitably trained and experienced occupational health nurse/department. If you do not have a scar, you have to provide evidence of TB skin test.

Please take the attached BCG scar verification form to an Occupational Health Doctor/ Nurse for signing. If you are not immune you must have a Mantoux test, the results should read positive and if the results are negative then you will need TB vaccination and then provide signed letter from your GP/Nurse to confirm you have had the vaccination.

BCG Sighted			
Yes	No	Date	Results
Sighted by: Full Name:			Signatures:
GMC or NMC PIN Number			Tel:

HEPATITIS C				
Have you had a Hepatitis C antibody check	Yes	No	Date	Result
Do you have reason to believe that you may have been exposed to Hepatitis C infection in any of the circumstances listed below? 1. Receipt of unscreened blood or untreated plasma products (in the UK before Sept 1991 and 1986 respectively); 2. The sharing of injecting equipment while using drugs; 3. Having been occupationally exposed to the blood of patients known to be infected with hepatitis C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious); 4. Receiving medical or dental treatment in countries where hepatitis C is common and infection control precautions may be inadequate.				
Yes	No	Discuss Further	Notes	
IMPORTANT <i>A health care worker who has any reason to believe they may have been exposed to infection with Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so may breach the duty of care to patients.</i>				

HIV / AIDS				
Have you had a HIV blood Test	Yes	No	Date:	Result
Do you have reason to believe that you may have been exposed to HIV infection in any of the circumstances listed below? 1. If you are male, engaging in unprotected sexual intercourse with another man; 2. Having unprotected intercourse in, or with a person who has been exposed in a country where transmission of HIV through sexual intercourse between men and women is common; 2. Shared injecting equipment while mis-using drugs. 3. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection; 4. Had significant Occupational exposure to HIV infected material in any circumstances. 6. Had unprotected sexual intercourse with someone of any of the above categories.				
Yes	No	Discuss Further	Notes:	
IMPORTANT: <i>A health care worker who has any reason to believe they may have been exposed to infection with HIV, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so may breach the duty of care to patients.</i>				

REQUIRED STATEMENT'S		
I hereby confirm that I refuse to undergo a HIV screening.	Yes	No
I hereby confirm that I refuse to undergo Hepatitis C screening.	Yes	No
I accept that my agency have informed me of the risk of working without undergoing HIV screening and / or Hepatitis C screening.	Yes	No

ADDITIONAL INFORMATION		
Have you been on holiday in the last two years? If so, please fill in the details below		
Country Visited	Date	Duration of stay
Have you worked in a TB Prevalent area, or where HIV is prevalent in the last 3 years?		
Country Visited	Date	Duration of stay

I declare that the statements on this form are true and complete to the best of my knowledge and belief and I am aware that my false statement may affect my application. I will immediately notify Finest Workers Limited of any changes in my health status.

Signed.....Date.....

Print Name.....

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