

Pre-Placement Health Assessment Form

Confidential to the Occupational Health Department

Please complete in BLOCK CAPITALS using BLACK/BLUE ink only. Please complete your date of birth on the bottom of **every** page. This health questionnaire is used in confidence by the occupational health professional to assess your fitness for your proposed role.

Personal Details		
Title:	Surname:	Date of Birth:
Forenames:		Previous / Maiden Name:
Address:		
Post Code:		
Home Phone Number:		Mobile:
Email Address:		
Name and address of General Practitioner:		
Emergency Contact Name:		
Telephone number:		
Relation to you:		

Role Profile		
Post Applied for:	Permanent or Temporary:	
Company/Organisation:	Department/Ward/Unit:	
Proposed Start date:		
Have you applied for this role before? If so, please give details:		
Does the role include:	Please CIRCLE applicable	
a) Manual Handling	Yes	No
b) Driving	Yes	No
c) Working with Display Screen Equipment	Yes	No
d) Working with vulnerable adults or children	Yes	No

Name:
Date of Birth:

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Health History Please use additional sheet if needed

<p>1. Do you have/or have you ever experienced in the past any physical illness/impairment/disability? If yes, please give details below including dates:</p>
<p>2. Do you have/or have you ever experienced in the past, any psychological illness/impairment/disability including any counselling or medication? If yes, please give details below including dates:</p>
<p>3. Have you ever had an illness or disability (physical or psychological) which may have been caused by or made worse by work in the past? If yes please give details below including dates:</p>
<p>4. Do you have/or have you ever suffered from any skin conditions (i.e. Eczema, Psoriasis)? If yes please provide further details of the condition, treatment and dates below.</p>
<p>5. Are you having, or waiting for treatment (including medication) or investigations at present? If yes please provide further details of the condition, treatment and dates below.</p>
<p>6. Do you have any allergies that you are aware of? If yes please give details below:</p>
<p>7. Do you think you may need any adjustments or assistance to help you in your role? If yes please give details below:</p>
<p>8. Do you smoke? If yes how many per day?</p>
<p>9. Do you drink alcohol? If yes how many units per week?</p>

Name:

Date of Birth:

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Declaration To be read and signed by all applicants.

PLEASE BE AWARE THIS FORM WILL NOT BE ACCEPTED WITHOUT THIS SIGNED DECLARATION

Name: (BLOCK CAPITALS)	Date of Birth:
<p>1. I declare that all foregoing statements are true to the best of my knowledge.</p> <p>2. I understand that I may be required to attend the Occupational Health Department for a health assessment.</p> <p>3. I understand that further medical information may be required from my doctor if considered necessary and therefore I declare that I CONSENT / DO NOT CONSENT to the disclosure of my medical records under the access to Medical Reports Act.</p> <p>4. <i>(please see below before declaring the next statement)</i> I WISH / DO NOT WISH to see the medical information before it is sent to the Occupational Health Service at Healthwork. <i>(please circle that which applies)</i></p> <p>5. I understand that medical details will not be divulged without my permission to any person outside the Occupational Health Service, but an opinion on my fitness will be provided to my employer.</p> <p>Signature Date</p>	

Explanatory notes for Employees - Access to Medical Reports Act 1988

This Act applies when your consent is sought to request a report from a practitioner who is responsible for your clinical care (i.e. your GP or your specialist). This section explains your statutory rights when this Act applies and summarises the procedures which are to be followed by all parties.

Neither your employer nor any other party, such as Healthwork can apply for a medical report from a doctor who has been responsible for your clinical care without your consent. By signing the form, you are giving your consent to Healthwork requesting a medical report from the doctor named on this form. You have the right to refuse this request. In this circumstance, Healthwork may advise your employer only on the basis of information which is already known, taking no account of any further information which may be available from a medical report.

You may see the report first, before it is submitted to Healthwork. If you wish to see the report first, you will have 21 days in which to arrange to view the report.

Having seen the report, you are entitled to request that your doctor amend any part of the report which you consider inaccurate or misleading. If your doctor does not agree to amend the report, you will be able to attach a written statement to the report giving your views on its contents. Your doctor is obliged to keep a copy of the report for at least six months after the date on which it is supplied to Healthwork. You are entitled to have access to the report during this period.