Ashford and St. Peter's Hospitals NHS
NHS Trust

OCCUPATIONAL HEALTH DEPARTMENT PRE-EMPLOYMENT HEALTH SCREENING POLICY

Amendments			
Date	Page(s)	Comments	Approved by
June 2010	All pages	Policy updated with multiple sections added. Health Declaration Form attached as appendix 1	TEC

Originally Compiled by: Dr. G.V. Britton
Consultant Occupational Health Physician

Reviewed by: Dwayne Gillane, Occupational Health Nurse Consultant

Ratified by: Trust Executive Committee

Date Ratified: July 2010

Date Issued: July 2010
Review Date: July 2013

Target Audience: All applicants for positions in ASPH Trust

Impact Assessment Carried Out By: Dwayne Gillane, Occupational Health Nurse Consultant

Comments to: Dwayne Gillane, Occupational Health Nurse Consultant

PRE-EMPLOYMENT HEALTH SCREENING POLICY

See also: Hepatitis B/ Hepatitis C/ HIV Infected Healthcare Workers Policies. Immunisation Policy; Health Surveillance Policy; HAVS Policy; Audiology Policy; Drivers and Fork Lift Truck Drivers (FLTD) Occupational Health Guidelines; Food Handlers Policy.

1. INTRODUCTION

This document sets out the process in place for the Occupational Health (OH) pre-employment screening of all individuals being recruited to posts within Ashford & St. Peters Hospitals (ASPH) NHS Trust. This includes both new staff, and existing staff who are moving posts within the Trust.

2. PURPOSE

To ensure that the individual is fit for a specific job and that carrying out the duties of the job, will not adversely affect the individual's health or that of colleagues and clients/patients.

To advise Line Managers of any restrictions / modifications necessary to ensure the individual can safely work in the job for which they have applied.

3. DUTIES

3.1 Occupational Health (OH) Advisor

Review all Health Declaration Forms (HDF's) (See Appendix 1) received to OH within 48hrs and enter details on COHORT system.

Assess the individual's fitness for post, if any health problems are identified on the HDF which could impact on the applicants ability to carry out the post including, but not limited to the following conditions:

- Chronic underlying condition, including those which could be covered under the Disability Discrimination Act.
- Those on immunosuppressant drugs
- A history of intermittent back pain, or a single episode of more than six weeks off work due to a back / joint condition.
- Insulin dependent diabetes
- Epilepsy
- Any history of psychiatric/mental health problems
- Dyslexia or any other learning difficulties,
- Infected hepatitis B, hepatitis C and/or HIV health care workers (HCW's)
- Repetitive Strain Injuries
- Malignant disease

- History of drug / alcohol abuse/dependency
- Any other serious illness.

An appointment will be made for the individual to be seen by an OH Advisor and/or OH Consultant Physician for further assessment.

If further information is required to assist in the pre employment screening process for example, a medical report from Specialist/G.P. written consent will be requested from the applicant in line with the Access to Medical Records Act (AMRA).

3.2 Definition of Health Care Workers

A Healthcare worker (HCW) is an employee who works within a healthcare setting and may be directly or indirectly involved with patient care. They can be categorised as follows:-

Category 1 – Clinical Staff	Those who have regular clinical contact with patients, including doctors, nurses, dentists, dental assistants/ hygienists, paramedics, physiotherapists, radiographers, occupational therapists, ambulance workers, porters, some volunteers and students of any of these disciplines
Category 2 – Non Clinical Staff	Laboratory workers and mortuary staff who have direct contact with potentially infectious clinical specimens and who may be exposed to pathogens in a laboratory setting.
Category 3 – Ancillary Staff	Non clinical staff who may have administrative contact with patients, but not usually of a prolonged or close nature. This includes receptionists, ward clerks, administrative staff, some volunteers, maintenance engineers and domestic staff. This group of staff may be exposed to specific occupational risks.

3.3 Immunisation/Vaccination records

All non clinical staff / ancillary staff who do not work with or around patients will not be required to provide any evidence of their immunisation / vaccination records before commencing employment.

All staff both clinical, non-clinical and ancillary who work with or around patients must provide their immunisation records in accordance with the Department of Health guidance (2007) Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers (HCWs).
This includes provide the following information;

- All childhood vaccination records.

- Confirmation of Tuberculosis status for example; documented evidence of a BCG scar present and/or Mantoux / Heaf / Quantiferon / T-spot test result with appropriate action taken, and/or evidence of receiving a BCG vaccination, confirmed by an OH department / G.P. in writing with the appropriate OH department / G.P. stamp on the letter.

- Evidence of 2 doses of MMR vaccination (single or combined vaccines) or measles, mumps and rubella blood tests results.

- Confirmation of chicken pox status confirmed via a blood test results.

Applicants who will be working in the Microbiology department will also be required to provide evidence of immunity against Diphtheria and vaccination against Diphtheria, Polio and Tetanus within the past 10 years.

Applicants who will be working in the Estates department will be required to provide evidence of their immunisation / vaccination against Hepatitis A.

Exposure Prone Procedure (EPP) Roles

3.4 Definition

Exposure prone procedures (EPP) are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissue to the blood of the worker.

EPP's are defined as "Procedures where the workers gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (e.g. spicules of bone 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." (Health Service Guidance HSG (93) 40) Staff undertaking EPP's include:-

Medical staff working in the following disciplines.

Urology Surgery	A&E	Obs/Gynae	Transplant surgery	Neurosurgery
ENT surgery (not if purely micro surgery)	Orthopaedic surgery	General surgery	Plastic Surgery	Vascular surgery
Ophthalmology surgery (only if undertaking annucleation)	Maxillofacial surgery	Cardiology surgery (only if including pacemakers)		

- Midwives
- Specialist nurses trained in specific surgical procedures considered to be EPP including A&E Nurses and Theatre Operating Department Practitioners.
- GPs carrying out procedures in practices which are considered EPP.
- Dentists
- Dental Nurses / Dental hygienists
- Staff working in renal units. Although this occupational group do not undertake EPP, the EPP standards should be applied because of the increased risk of infection.
- Anaesthetists placing portocaths which involves excavating a small pouch under the skin and may sometimes require manoeuvres which are not under direct vision (this is a very rare procedure).
- Anaesthetists who insert chest drains in accident and emergency trauma cases, e.g. patients with multiple rib fractures.
- Cardiology Doctors who insert pacemakers as part of their role.

3.4.1 EPP Pre employment screening requirements

All new HCW's who will perform EPP as part of their role for the first time in the NHS will be required to provide Identified validated samples (IVS) of their Hepatitis B surface antibody status, surface antigen status and Core antibody status, Hepatitis C antibody status and HIV status. These results must be CPA accredited UK laboratory copies

Any applicant who has worked in an EPP role in the past but had a break in service with the NHS and is now returning to an EPP role will be subject to the above clearance criteria.

Any applicant who is moving posts within the NHS and commenced in their previous EPP role after March 2007 will be required to provide all the above information.

Any applicant working in an EPP role in their previous NHS employment without any break in service or change in role prior to March 2007 but after August 2002 will not be required to provide proof their HIV status though will be offered this screen as part of their pre employment screening process. However they will still be required to provide evidence of their Hepatitis B and Hepatitis C status as outlined above.

Those applicants who have been working in an EPP role in their previous NHS employment without any break in service or change in role prior to August 2002 will not be required to provide proof of their hepatitis C or HIV status though will be offered these screens as part of their pre employment screening process. However they will still be required to provide evidence of their hepatitis B status as outlined above.

Any applicant unable to provide the above information in 3.3 and 3.4.1 will need to be seen in OH.

3.4.2 EPP – Hepatitis B screening

Those employees who refuse or who are unable to be given the Hepatitis B vaccine, or when a test for Hepatitis B surface antibody is negative, <10 mIU/ml must be tested for carrier status and shown that they are Hepatitis B surface Antigen (HBsAg) negative. This test must have been carried out in the previous six months and will need to be repeated every 6 months unless adequate antibody response can be demonstrated as outlined in the OH Immunisation Policy Section *12F.*

Please also refer to Trust Hepatitis B Infected Health Care Workers Policy.

Employees who are HBeAg positive should not perform EPP in which injury to the worker could result in blood contamination to the patients open tissue.

Employees who are HBsAg positive but are HBeAg negative need not be barred from any area of work unless they have been associated with transmission of HBV to patients whilst HBeAg negative. They will also need to have their HBeAg status and consequently their EPP status reviewed every 12 months by OH.

Any applicant who would be expected to carryout EPP in their new role and who are found to be HBeAg positive during their pre employment screening process will be counselled by the OH Advisor and referred to the OH Consultant Physician who will liaise with the Consultant Microbiologist and/or the Health Protection Agency and/or the applicants G.P.

Applicants found to be HBeAg positive, whose ability to continue in their chosen career is jeopardised, may wish to seek referral to a specialist in liver disease, with a view to obtaining treatment with Interferon, which has been shown to be effective in 15-40% of cases in converting e Antigen to e Antibody positive. Those on treatment will require regular monitoring by the Consultant OH Physician in addition to that of their treating physician.

3.5 Consenting and validating for blood screens

Laboratory test results required for clearance for undertaking EPP's must be derived from an identified validated sample (IVS). An IVS is defined according to the following criteria:-

- The health care worker should show proof of identity with a photograph – e.g. a Trust identity badge, new drivers photo-licence, or passport, when the sample is taken
- The sample of blood should be taken in the OH department (or by an OH member of staff if blood is drawn outside of the department)
- The sample of blood must not be transported to the laboratory by the health care worker.
- When results are received from the laboratory, OH staff should check the records to determine if the sample was sent by the OH department.

OH departments should indicate, on the lab results form, that the result is an IVS by applying the OH department IVS stamp.
- Laboratory tests should be carried out in CPA accredited laboratories, which are experienced in performing the necessary tests, and which participate in appropriate external quality assurance schemes.

Any blood results provided to OH which are not confirmed IVS CPA accredited UK laboratory results cannot be accepted as part of a pre employment clearance criteria for an EPP role and may need to be repeated in line with the above standards.

3.6 Respiratory Health Surveillance

All applicants who will work with substances requiring health surveillance in line with COSHH regulations (e.g. Formaldehyde, Tristel etc…) will require an appointment with an OH Advisor to complete a pre-employment health surveillance questionnaire and to undergo a baseline lung function test.

To be passed fit for post the applicant must achieve >75% results in FEV1, FVC, FEV1/FVC%, PEF. If the results are <75% the applicant will be referred to the OH Physician/Respiratory Chest Clinic for further assessment before their pre employment clearance can be completed.

3.7 Hand Arm Vibration Syndrome (HAVS) Surveillance

Hand-arm vibration is vibration transmitted from work processes into workers' hands and arms. It can be caused by operating hand-held tools and hand guided equipment or by holding materials that are being processed by machines.

All applicants will be seen by an OH Advisor at pre-employment and be required to complete an Initial HAVS Screening Questionnaire in line with the Trust HAVS Policy. The OH Advisor will assess up to Level 3 and if any problems are identified the OH Advisor will refer to an appropriately qualified physician for a Level 4 assessment as required.

Any candidates who declare Raynaud's Disease or Carpal Tunnel Syndrome will automatically be passed unfit for the use of HAV tools.

3.8 Audiometry Surveillance

The average normal hearing person has a threshold of hearing of 0dBHL and a threshold of discomfort of about 90-110dBHL.

At 80dB (A) – Health surveillance must be available if a risk to health is indicated.
At 85dB (A) – Ear protection must be worn and noise exposure must also be reduced as far as practicable by means other than ear protectors.

There is a limitation on personal noise exposure, (even taking into account the use of ear protection) of 87dB(A).

Any applicant who applies for a role where it is known they will be working with equipment which will expose them to noise at the above levels will need to be seen by the OH Advisor where a baseline audiometric questionnaire will be completed and an audiometry screen may be undertaken before clearance for post can be completed.

If any problems are identified the OH Advisor will refer to the appropriate Audiologist Specialist for further assessment. The applicant's fitness for post will not be completed until the outcome of the Specialist assessment is known.

3.9 Skin Surveillance

All applicants are required to complete a skin questionnaire as part of their initial health declaration form. Where any problems are highlighted these will be reviewed by the OH Advisor who may send the applicant an appointment to be seen in the OH department for further assessment.

3.10 Driver Health assessment

Any applicant applying for a post which involving driving duties where passengers will be carried will need to attend OH for an appointment with an OH Advisor to undergo a driver health assessment. During this appointment the applicants will complete a driver health assessment questionnaire and have the following test carried out:

Urinalysis; Blood pressure reading; Snellen eyesight test.

In addition to the health assessment applicants must meet the minimum standards of the above tests before their fitness for post can be confirmed by the OH Advisor. Please see the OH Driver policy for further information.

3.11 Catering Assessment

Any applicant who will be working in a role where they will be required to prepare and or deliver food must have a catering health assessment completed in the OH department. This involves the OH Advisor completing a specific catering health assessment questionnaire in line with the OH Food Handlers Policy, which includes carrying out visual examination on the following area's;
Ears; Nose; Mouth/Gums/Teeth; Hands & Nails; General Hygiene.

The applicant must show a good standard of hygiene in the above area's before they can be passed fit for post. E.g. Nails should appear be short enough to be effectively cleaned.

Applicants will also be provided with a copy of the OH Food Handlers information leaflet in line with Trust OH Food Handlers Policy.

3.12 Occupational Health Consultant Physician

Assess the fitness for post of any applicants referred to the OH Consultant Physician by the OH Advisor.

If further information is required to assist in the pre employment assessment process e.g. GP/ Specialist medical report. The OH Consultant Physician will discuss informed consent with the applicant and request written consent from the applicant in line with the Access to Medical Records Act (AMRA).

3.13 Health Clearance

Following a pre-employment health assessment, OH will update the health cleared status of the applicant on the COHORT system. This page can be accessed by Human Resources.

OH will send a copy of the fitness for post certificate to the Human Resources department when one of the following options is indicated;

- The HCW is fit for post.
- The HCW is fit for post including to undertake Exposure Prone Procedures.

OH will send a copy of the fitness for post certificate to both the Human Resources department and the individual Line Manager when one of the following options is indicated;

- The HCW is fit for post with specific advice on restrictions / recommendations made.
- The HCW is unfit for post.

3.14 Human Resources

It is the responsibility of the Human Resources (HR) department Recruitment team/advisor to provide applicants with the following electronic link (https://onlinepreemployment.asph.nhs.uk) allowing them to complete and submit the online HDF. Where internet access is not available the individual can be provided with a paper HDF (See Appendix 2).

It is an essential part of the HR Recruitment team/advisor role during the pre employment process to liaise with the employing manager regarding any advice/recommendations given by the OH department on an individual's fitness for post certificate.

4 THE DEVELOPMENT OF ORGANISATION-WIDE DOCUMENTS

The policy will need to be approved and ratified by the Trust Executive Committee and reviewed on a two yearly basis or as required in line with updated guidance from DH.

5 DISSEMINATION AND IMPLEMENTATION

The policy will be made available via the Trust intranet service which can be accessed by all staff.

6 PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

OH will undertake an audit of the pre employment assessments which take place in the department including both EPP and non EPP roles on a regular basis to ensure the standards of this policy are being adhered to.

7 ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.

8 Equality Impact Assessment Summary Appendix 1

Appendix 1
Equality Impact Assessment Summary

Name: Dwayne Gillane Occupational Health Nurse Consultant

Policy/Service: Pre Employment Health Screening Policy

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		For each category describe how you have involved stakeholders including service users and employees
	Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	No	
	Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	No	Where a disability is acknowledged on a HDF further assessment may take place with the OHA/OHP to review the applicant's fitness for post. If further information is required consent may be sought to request a report from the applicants GP/Specialist If required restrictions/recommendations may be made to HR as part of the fitness for post declaration from OH.
	Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	No	
	Culture (consider dietary requirements and individual care needs)	No	
	Religion or belief (include dress, individual care needs and spiritual needs for consideration)	No	
	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs	No	
	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)	Yes	Some roles require fitness for post to be reviewed on a regular basis as the worker gets older. For example a driving role in line with DVLA guidance any driver over the

		Yes/No	Comments
			age of 45 yrs must be reviewed every 5 years until the age of 60 yrs at which time thy need to be reviewed annually.
2.	**Is there any evidence that some groups are affected differently?**	Yes	Any individual who has an underlying health condition is assessed by OH and their needs taken into account as part of the pre employment process.
3.	**If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?**	No	Where further assessment is required as part of the pre employment process, issues such as DDA, HASAW etc Act, COSHH etc… need to be considered as part of the assessment process.
4.	**Is the impact of the policy/guidance likely to be negative?**	No	The policy should ensure that all applicants are assessed on an individual basis where OH need to ensure their health will not be affected by their work and their work not affected by their health.
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		None, the pre employment assessment carried out by OH are done so in line with guidance from the DH, DVLA, HSE, including statutory requirements such as COSHH
7.	**Can we reduce the impact by taking different action?**	No	

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Appendix 2

DECLARATION OF HEALTH AND FITNESS FOR WORK

Occupational Health Department

To be returned in a separate envelope provided and **NOT** with application.
Please note: The purpose of this form is to assess your fitness to carry out the duties of your proposed post with due consideration to health & safety, both to yourself and to others. As you know, employers have a legal duty to ensure this is done. Yours answers will be treated as confidential and will only be seen by Occupational Health staff. Your fitness to undertake the proposed job will be reported in general terms to the Personnel Department / Manager. No clinical detail will be disclosed without your prior consent.

EMPLOYER DETAILS (To be completed by Applicant)	
ORANISATION NAME:	

JOB / POST TITLE:	
Place of Work e.g Ward / Department Name	
Employing Manager Name:	
Please Delete:	Full Time / Part Time / Bank

To be completed by the Applicant									
Last Name:-				Previous Name:-					
First Name:-				Title: Dr/Mr/Mrs/Ms/Miss/Other:-					
Date of Birth:- / /				Male / Female (please delete)					
Present Address:									
Contact Telephone Number:-				Mobile Number:-					
Email address:-									
National Insurance Number:-									
Name and Address of GP:- GP Telephone Number:-									
Have you been a resident in the UK for more than six months?		YES		NO					
If NO where were you previously resident? Please state									
Occupational Health Use ONLY – Fitness to Work Status									
Fit		Fit with Conditions		Unfit Medical		Unfit OHA		Unfit Tel	

Applicants Work History			
Have your previously worked for this organisation before?		YES	NO
What is your present job (please state) ;-			
What type of work have you done previously?			
	Job Title	Employer	For How Long?
1.			
2.			
3.			
Have you ever been retired on ill health grounds?		YES	NO

Have you ever been in contact with any substances you know may have been harmful to your health? Please give details including dates:	YES	NO
Have you ever suffered any health problems relating to previous employment, including work related stress? Please give details including dates:	YES	NO
Have you ever suffered from work related ill health, or an accident or injury at work? Please give details including dates:	YES	NO

How much time have you lost from work / school due to illness during the last 2 years?		
Reasons for Absence	Dates of Absence	Length of each absence

HEALTH HISTORY – ALL APPLICANTS TO COMPLETE			
Health Question	**YES**	**NO**	**Details with Dates**
1. Are you at present receiving any treatment or regular medication from a health care professional?			
2a. Have you ever seen your GP with any psychological or psychiatric symptoms of ill health (including anxiety, depression, low mood, stress, schizophrenia, panic attacks)			
2b. Have you ever received counselling or psychotherapy?			
2c. Have you been or are you currently under the care of a psychiatrist / psychologist?			
2d. Have you ever tried to self harm or attempted suicide?			
2e. Have you ever had any form of eating disorder (e.g. anorexia or bulimia)?			
2f. Have you had alcohol or drug related problems?			
3. Have you had musculoskeletal problems, including arthritis, pains in arm, legs or back restricting movements?			
4. Have you experienced any skin problems?			
5. Have you ever experienced epilepsy, fainting, blackouts or narcolepsy?			
6. Have you ever been diagnosed with diabetes, thyroid problems?			
7. Have you been investigated for TB or had a cough which has lasted for more than 3 weeks?			
8. Do you have any known allergies? (including sensitivity to latex, foods or medicines)			
9. Do you have any problems with your vision?			
10. Do you have any problems with your hearing?			
11. Are there any other issues regarding your health that are not covered elsewhere that you feel Occupational Health should be aware of?			
12. Do you consider yourself to have a disability?			

13. Do you need any aids or special equipment to do your job in view of any existing health problems?			

Only Health Care Workers complete this section		
Have you ever had and been treated for any of the following diseases?	YES	NO
Hepatitis B		
Hepatitis C		
HIV / AIDS		

Health Care Workers have a Legal / Professional duty of care to inform Occupational Health if they suspect or know they are carriers of HIV, Hepatitis B or Hepatitis C.

- Exposure Prone Procedure staff **must** provide documentary evident of their Hepatitis B, Hepatitis C and HIV status before health clearance can be given. If not available you will be tested in this department and health clearance will be **delayed** until these results are processed. You will be asked to show formal photographic ID, e.g. valid driver's license or passport for this procedure.
- *Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone 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.*

Only Catering/Food Handlers should complete this section			
Health Question	**YES**	**NO**	**If yes give details**
Have you had any of the following in the last 6 months:			
• Ear Infections or discharge?			
• Lung problems?			
• Skin problems?			
• Boils, discharging lesions or eye infections?			
• Gastric or Bowel complaints			
• Dental, mouth or recurrent throat infections?			
Only those whose work will involve Driving should complete this section			
Health Question	**YES**	**NO**	**If yes give details**
1. Do you suffer with or have you ever suffered from any problems with your heart or circulatory system? *E.g. Ischemic heart disease, irregular heart beat, high blood pressure*			
2. Do you suffer with or have you ever suffered any problems with your Nervous system? *E.g. previous neurosurgery, tumours or stroke*			
3. Have you ever needed to contact the DVLA regarding your health?			
4. Is your driving license restricted to 1 or 3 or 5 year reviews for medical reasons?			
5. Are you taking any medication / treatments?			

PRE EMPLOYEMNT IMMUNISATION / VACCINATION HISTORY					
NAME:			**Date of Birth:-**		
DISEASE	ILLNESS (Please Indicate)		Dates	Tests Results	OH Actions
	Had disease	Not had disease			
Tuberculosis (TB)			Date:-		
Chest X-ray					
Heaf Test			Date:-	Result:- Grade:-	
Mantoux Test			Date:-	Result:- Size:- mm	

T-Spot Test **Quantiferon**			Date:- Date:-	Result:- Result:-	UK Lab Copy UK Lab Copy
BCG Vaccination				Visible BCG Scar Yes / No (please delete) Site of Scar:-	
Rubella (German measles)			Disease Date:- Rubella Vaccine Date:-	Rubella IgG Result Positive / Negative (please delete)	
Mumps			Disease Date:-		
Measles			Disease Date:-		
MMR Vaccination			MMR Vaccine Date 1:- MMR Vaccine Date 2:-		
Varicella (Chicken Pox)			Disease Date Varicella Vaccine Date 1:- Varicella Vaccine Date 2:-	Varicella Zoster Serology VzV IgG ELISA Result Positive / Negative (please delete)	
Diphtheria			Vaccine Date:-	Diphtheria Assay Result:-	
Tetanus			Vaccine Date:- How Many:-		
Polio			Last Vaccination Date:-		
Whooping Cough			Triple Vaccine Date:-		
Hepatitis B			Vaccine 1:- Vaccine 2:- Vaccine 3:- Booster :-	Hepatitis B Surface Antibody Ti Result:- Hepatitis B Surface Antigen Tit Result:-	UK Lab Copy
Hepatitis C			Disease Date:-	Hepatitis C Antibody Titre (Hep C Ab) Result:-	UK Lab Copy
Hepatitis A			Disease Date Vaccine 1:- Vaccine 2:-		
Typhoid			Disease Date:- Vaccine:-		
HIV			Disease Date:-	HIV Serology Result:- Positive / Negative (Please delete)	UK Lab Copy

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Tuberculosis Questionnaire – Occupational Health Services					
Surname:		First Name:		Date of Birth:	

Please answer all questions, and give further information as required. Please note if this is not completed it will delay you being cleared fit for work and may affect your anticipated start date.

		Yes	**No**	**Further Information**
1.	Have you had a BCG vaccination?			
2.	Do you have a BCG scar?			Site of Scar:-
3.	Have you had or been treated for Tuberculosis? If yes, when were you treated? And what were you treated with?			
4.	Do you suffer from any of the following symptoms?			

	I. Persistent cough			
	II. Bloody Sputum			
	III. Intermittent fever			
	IV. Weight loss			
	V. Heavy sweating at night			
5.	Have you been exposed to someone close who was diagnosed with tuberculosis? (e.g. family member or close friend)			
6.	Do you fall or have you ever fallen within one of the following groups?			
	I. Homeless			
	II. Overcrowded living standards			
	III. Frequent long-haul travel			
	IV. Possibility of HIV infection			
	V. A stay at a Refugee camp			
7.	Which country do you come from?			
8.	Have you been living in the UK for the past 6 months?			
	If no, please state country visited			

Occupational Health Use Only:

	OH Actions	**Yes**	**No**	**Date Undertaken**	**OH Comments**	**OHA signature**
1.	BCG scar check				Visible:- Yes / No Site:-	
2.	Chest X-ray					
3.	Chest Clinic Referral					
4.	Heaf Test				Grade-	
5.	Mantoux Test				Size-	
6.	Quantiferon Test					
7.	HIV serology screen					
8.	Chest Clinic Result Letter				Attached: Yes/ No	
9.	Fit for work following initial OHA Assessment					
10.	Fit for work following investigations.					

OHA / GP Signature:-		Occupational Health Stamp / GP Practice Stamp (below)
Print Name:-		
Date:-		

Skin Questionnaire
Ashford and St Peter's Hospitals NHS Trust

Surname:		First Name:		Date of Birth	
Job Title:		Department:			

Do you have a history of:	YES	NO	Details with dates
Dermatitis			
Eczema			
Asthma			
Hayfever			
Shortness of breath			
Coughing			
Sneezing			

Itching or running nose (rhinitis)			
Itching or running eyes (conjunctivitis)			
Urticaria (Hives)			
Facial Swelling			
Anaphylaxis			
Latex allergy confirmed by a specialist			
Have you experienced:	YES	NO	Details with dates
Multiple surgical procedures			
An allergic reaction during a surgical procedure			
Had any itching, swelling, rash or other symptoms after dental, rectal or pelvic examinations			
Have you ever reacted after handling:	YES	NO	Details with dates
Rubber balloons			
Rubber gloves			
Condoms			
Elasticated clothing			
Rubber bands			
Rubber products			
Nitrile Gloves			
Other (please state)			
Have you ever reacted after eating:	YES	NO	Details with dates
Avocados			
Bananas			
Chestnuts			
Tropical Fruit e.g. kiwi, pineapple			
Other (please state)			

Occupational Health Use Only:

	OH Actions	Yes	No	Date	OH Comments	OHA signature
1.	No Further Action					
2.	OHA Assessment					
3.	RAST Latex and IgE Serology Screening					
4.	Workplace Risk Assessment					
5.	Physician Assessment					
6.	Fit for work					
7.	Referral Dermatologist					
8.	Letter sent to GP					

Indicated Latex Allergy	No		Yes		Type IV		Type I		Medi -Alert		Epi-pen		

Before signing this declaration please ensure you have answered all the questions

Please indicate how you would prefer to be contacted by Occupational Health if required:							
Mobile No		Home No		Work No		email	

1. I herby agree to inform Occupational Health Service of any changes in my health which may affect my ability to work.
2. I understand my responsibility to notify Occupational Health Service if I think I am carrying a serious communicable condition such as Hepatitis B / Hepatitis C / HIV or TB.
3. I acknowledge that my personal details will be stored both electronically and manually by the Occupational Health Service in accordance with the Data Protection Act 1998. This information will be retained for:
a) Six months if you are not selected for the position applied for,
b) During your period of employment and for an additional 40 years to comply with the Control of Substances Hazardous to Health amended Regulations 2004.

4. If I have any concerns about how this information is handled I will contact the Occupational Health Service.
5. I declare that the information provided by me in this entire form is true and completed to the best of my knowledge. I understand that any deliberate omissions, falsifications or misrepresentation in this record may result in disciplinary action by my employer.

Signature:		Date:	
NAME IN CAPITALS:			

Please ensure you have answered all the questions. Failure to fully complete this questionnaire will result in a delay to your health clearance and subsequent start date.
You may submit this health declaration form by email to the Occupational Health Department at St Peters at the email address occupational.health@asph.nhs.uk by doing so you are agreeing that the information contained within this form is true and completed to the best of your knowledge.
Please be aware that we cannot guarantee that the information forwarded by email is secure although it is our intention to keep your information secure to the best of our abilities.
You will still be required to forward where applicable serology UK laboratory copies and will only accept scanned copies as attachment.
The Trust cannot be held responsible for the security of any personal information transferred by email.

For Occupational Health Use Only			
Reasons for delay to health clearance:		**Date**	**Comment**
Needs to complete questionnaire			
For confirmation of immunity status or pathology results (EPP)			
Further information on health required			
For a GP / Specialist report			
Appointment for Nurse Health interviewed offered			
Appointment for Doctor Medical offered			
Other			

Occupational Health Clearance Outcome

Outcome	Tick	Comments	Date	OH Signature
Fit				
Fit with restrictions				
Fit for EPP				
Unfit				
Additional OH Comments:-				