

New Employee Health Questionnaire

Guidance notes; please read carefully

This new employee health questionnaire gives us information which helps us to:

- Advise on any adjustments to your work or workplace which may be necessary to ensure that any health condition you may have is not made worse by your work.
- Identify any medical condition which could pose a safety risk to you, your colleagues, patients or members of the public.
- Check that you are not particularly vulnerable to any hazards that your job may contain.

The medical details you disclose on this form remain confidential to Lisher Personnel and Healthcare and will not be disclosed to anyone else without your explicit consent.

It is important that if your new job involves contact with patients and you have documentary evidence regarding your immunisations, which can be obtained from your GP, you should forward a copy with this health questionnaire to Lisher Personnel and Healthcare.

Section 1. This section to be completed by all staff groups	
Personal Details	
<p>Mr/Mrs/Ms/Miss/Dr/other.....Male/Female</p> <p>Surname:</p> <p>Forename(/s):</p> <p>Previous Name: (if applicable)</p> <p>Date of Birth:</p>	<p>Home address</p> <p>Home Tel:</p> <p>Mobile:</p> <p>Work Tel:</p> <p>Email:</p> <p>Please tick: I would prefer to be contacted by:</p> <p><input type="checkbox"/> Mobile no. <input type="checkbox"/> Home no. <input type="checkbox"/> Work no. <input type="checkbox"/> Email</p> <p><input type="checkbox"/> I consent to receiving reminders by text message.</p>

Section 2: Medical History

It is important that you give a true and full account of any medical problems when asked. If the answer to any of the following question is "Yes" please give details.

Health Question	Yes	No	If Yes give details with dates here
Do you have any illness, impairment, disability (physical or psychological) which may affect your work?			
Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?			(Please also give details if a considerable amount of time was taken off work/school i.e. longer than 3 months)
Are you having or waiting for treatment (including medication) or investigation at present?			
Do you have any allergies which may be made worse by work e.g. latex?			

2b. Only staff whose duties involve caring for patients or those who have social contact in a clinical setting must complete this section

Health Question	Yes	No	If yes give details with dates
Have you ever ha any of the following			
<ul style="list-style-type: none"> Cough which lasted more than 3 weeks 			
<ul style="list-style-type: none"> Unexplained weight loss 			
<ul style="list-style-type: none"> Intermittent fever with night sweats 			
<ul style="list-style-type: none"> Investigation for Tuberculosis 			
A close family member/ friend with whom you share a home diagnosed with TB			
<ul style="list-style-type: none"> Have you ever lived in the UK for the last 5 years? -If no please list all the countries you have lived in for over a month during this time and advise if you have had a chest x-ray report since arriving in UK? (Please attach a copy of the report) 			

Section 3 Only staff involved in patient care, patient contact, body fluid and or tissue handling must complete this section

Are you able to provide documentary evidence which demonstrates your immunity to the following?	Yes	No
Hepatitis B (Please ensure dates of primary course and booster)		
TB (BCG scar check or Mantoux within past 5 years)		
MMR (Measles, Mumps, Rubella) either 2 immunisations or serology for measles and rubella		
Hepatitis A		
Varicella (Chicken Pox)		
Have you ever had Chicken Pox?		
TDP (Tetanus, Diphtheria, Polio)		
Men C (Meningococcal A&C)		
Other?		
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS RELATING TO YOUR IMMUNITY YOU MUST ATTACH THE EVIDENCE TO YOUR HEALTH QUESTIONNAIRE		

3a Only Shift Workers and/ or Night Workers complete this section

Health Question	Yes	No	If yes give details with dates
Have you worked Shifts before? If yes: Did you suffer any health problems directly related to shift work?			
Have you worked Nights before? If yes: Did you suffer any health problems directly related to night work?			

Section 4

Declaration

All staff groups to complete this section

Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required. Please ensure the consent form is also signed and fully completed.

1. I hereby agree to inform Lisher Personnel and Healthcare of any changes in my health which may affect my ability to work.
2. I understand my responsibility to notify Lisher Personnel and Healthcare 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 Lisher Healthcare in accordance with the Data Protection Act 1998.
4. If I have any concerns about how this information is handled I will contact Lisher Healthcare
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge and belief.

Signed:

Date:|