

Occupational Health Services

Pre Placement Health Questionnaire

The purpose of this questionnaire is to help the Occupational Health Practitioner to assess your fitness and suitability for the position for which you have applied.

Failure to fully complete this questionnaire will result in a delay to your health clearance.

Please complete all sections

Surname		Title	
Forename		Date of birth	
Previous name (if any)		NI number	
Home Address		Tel No	
		Mobile	
Post Code		Email Address	
Health & Care Number			
Job applied for		Location	
Have you lived or worked in a country outside UK and Ireland for more than 3 months in the past 5 years	If so, Where?		Dates
Have you ever had a health assessment for employment within the Health and Social Services? <input type="checkbox"/>	If yes, give name of organisation and date if known		
If yes, do you provide consent for Occupational Health SHSCT to contact Regional Virus Laboratory for results?	YES		NO
Please list current and past employment within the last 5 years. Job Title/Employer	From	To	

Please answer all of the following questions. If you answer yes please give details in the space provided

Medical History			
	Yes	No	Details
1. Do you have any current/recurring health condition/disability, which might affect your ability to do the proposed job?			
2. Do you need any specific aids/adaptations /adjustments to assist you at work/study whether or not you have a disability, including any hearing, visual or learning difficulties e.g. dyslexia, or any difficulty taking part in normal social interaction e.g. autism spectrum disorder, ADD or ADHD?			
3. Have you had lost time from work/school/ college due to illness during the past two years?			<i>Please state why, for how long and on how many occasions</i>
4. Have you seen a doctor or health professional in the last 2 years for any kind of health problem?			
5. Are you receiving or waiting for any treatment or investigations?			
6. Have you ever been medically retired or had to leave work due to ill health?			
7. Have you ever suffered or been diagnosed with the following? If yes, please provide details with dates.			
Mental health problems (including anxiety, depression, eating disorders, alcohol or drug misuse)			
Musculoskeletal problems such as back pain, arthritis, limb pain, restricted movement			
Skin problems including eczema, dermatitis psoriasis or previous problems with glove usage			
Epilepsy/blackouts or dizzy spells			
Diabetes			
	Yes	No	Details

Asthma or other respiratory condition			<i>Please provide details of your inhaler use</i>
Blood Borne Virus i.e. Hepatitis B, Hepatitis C and HIV			
Any other condition that could be made worse by work or study activities?			
8. Have you ever experienced any health problems directly related to or made worse by shift/night work?			<i>If yes, please provide details with dates</i>
9. Do you have any allergies? (including sensitivity to any kind of food, nuts medicines or other substances such as latex)			
10. Are you currently taking any medication?			<i>If yes, please provide details</i>
11. Have you, or any member of your family ever had Tuberculosis (TB)?			
12. In the past 12 months have you had a cough for more than 3 weeks, coughed up blood or had any unexplained loss of weight, fever or night sweats?			
13. Have you ever had chicken pox?			

Declaration

Before signing this declaration please ensure you have answered all the questions providing further details as required.

1. I am aware of my responsibilities in accordance with my professional code of practice to act accordingly if there are any changes in my health which might affect my ability to work.
2. I acknowledge that my Occupational Health records will be handled in accordance with the General Data Protection Regulations (GDPR) and Data Protection Act (2018).
3. I declare that the information I have provided is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.

Signature
Please print full name
Date

