

BALMORAL HEALTHCARE NEW MEMBERS NHS MEDICAL QUESTIONNAIRE
You must complete this form in full and supply ALL requested vaccination proof or you will be subject to Occupational Health costs as necessary

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Cordant Occupational Health and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit.

Personal Information			
Title	Surname	First Names	DOB
Home Tel:	Work tel:	Mobile:	
Home Address:		GP Address	
Employer:			
Job title:			

Medical History		
	Yes	No
<u>All staff groups complete this section</u>		
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information		
(If you have answered yes to any questions above please provide additional information below)		

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/ Vacations)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be <u>REJECTED</u>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following:	<input type="checkbox"/>	<input type="checkbox"/>
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information		
(If you have answered yes to any questions above please provide additional information below)		

**COMPLETED FORMS AND VACCINATION RECORDS TO BE SENT TO
BALMORAL HEALTHCARE**

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles?		
Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	

Immunisation History				
Have you had any of the following immunisations?		Yes	No	Date
Triple vaccination as a child (Diphtheria/Tetanus /Whooping cough)		<input type="checkbox"/>	<input type="checkbox"/>	
Polio		<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)		<input type="checkbox"/>	<input type="checkbox"/>	
Course:	1		2	
Boosters:	1		2	

Proof of Immunity (Please send the following)	
Varicella (Chicken Pox)	We require an Occupational Health/GP certificate to confirm that you have had chicken pox or shingles. However we strongly advise that you provide serology/titre test result showing varicella immunity (Do not SELF DECLARE)
Tuberculosis	We require an Occupational Health/GP certificate of a positive scar or a record of a positive skin test result (Do not SELF DECLARE)
Rubella, measles & mumps	You MUST provide certificates of "two" MMR vaccinations or proof of Positive Antibody for Rubella and Measles
Hepatitis B	You MUST provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures (ie.Working in Theatres, A&E & Maternity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Proof of Immunity (Please send the following) Exposure Prone Procedure Candidates Only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for Cordant Occupational Health to make recommendations to my Employer.		
Name	Signature	Date

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