



Accreditation:

Occupational Health Services is a division of Safe Effective Quality

University Hospitals Sussex NHS Foundation Trust Occupational Health Services

**HEALTH CLEARANCE FOR RETURNING UHSUSSEX TRUST STAFF**

Your answers to this questionnaire will be confidential to Occupational Health Services (OHS) and your information will not be given to anyone else without your informed consent. The information you provide will enable us to assess your medical fitness for the role and provide advice on reasonable adjustments if you have a disability or health condition.

OHS processes personal and health data in line with the Data Protection Act 2018 as per our Privacy Statement <https://www.bsuh.nhs.uk/services/occupational-health-services/>

**Please complete this form and email to:** [**uhsussex.PEHQ.occhealth@nhs.net**](mailto:bsuh.PEHQ.occhealth@nhs.net)

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | |
| Any previous names: | | Date of birth: |
| Mobile number: | | |
| email address: | | |
| Job title: | | |

Do you have a health condition or disability which may affect your work in this role?

(select ONE box only)

I am **NOT** aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I have been offered.

I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.

(Please provide further details)

Diagnosis:

Date of diagnosis:

Symptoms:

Treatments:

Current impact on daily living activities:

Potential impact in the working environment:

List below any adjustments or assistance you may need in the post you have applied for:

|  |  |
| --- | --- |
| 1. TB screening: | |
| 1. Do you have a persistent cough which has lasted for more than 3 weeks? Yes  No | |
| b) Do you have unexplained weight loss? Yes  No | |
| c) Do you have unexplained night sweats? Yes  No  d) Do you have unexplained high temperature? Yes  No  If **Yes**, give full details below, including dates, medical investigations, treatments and diagnosis. Please include information about any treatments you have received. | |
| e) Have you ever been diagnosed with tuberculosis (TB)? Yes  No  If **Yes**, state date of diagnosis, treatments given and confirmation that you completed the full course. | |
| f) Have you ever had close contact with infectious TB, including family and friends?  Yes  No | |
| 2. Apart from the United Kingdom, please list **all countries** that you have lived in/visited **for a total** of 3 months or more AND/**OR** any time spent undertaking clinical work abroad **within the past 2 years**. |
| |  |  |  |  | | --- | --- | --- | --- | | **Country** | **Date from** | **Date to** | **Clinical Work?** | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |
| 3. Have you had a BCG vaccination for tuberculosis? Yes  No |
| 4. Have you had chicken pox (Varicella) Yes  No  If **Yes**, were you residing in the UK at the time Yes  No  If **No**, state the country:  Have you ever had VZV (chicken pox) vaccinations?  If **yes**, please provide dates: 1st       2nd  5. Have you ever had MMR (or any measles and/or rubella) vaccinations: Yes  No  If Yes, provide dates below:  MMR1       MMR2  **If you have you evidence of MMR vaccinations or immunity, this must be submitted.** |
| 1. Have you had Hepatitis B vaccinations? Yes  No   If Yes, please provide dates:  Hep B1       Hep B2       Hep B3       BOOSTER |
| 7. Have you had a Hepatitis B antibody blood test: Yes  No  Result:       (miU/ml)   |  | | --- | | 8.Please provide dates of COVID-19 vaccinations received:  1st dose:       2nd dose:  If you have not yet had your COVID vaccinations or have not completed the course, you can arrange an appointment by emailing [uhsussex.covid.vaccination@nhs.net](mailto:uhsussex.covid.vaccination@nhs.net) once you are in post. Alternatively you can arrange your vaccinations via the [National Booking Service](https://digital.nhs.uk/coronavirus/vaccinations/national-booking-service) or call 119. | | **9. Questions for staff working in Paediatrics/Neonatal/Midwifery only**  Have you had the pertussis (whooping cough) vaccination in the last 5 years?  Yes  No  Don’t know | |  | |

### DECLARATIONS

I declare that the answers I have given are true and complete to the best of my knowledge.

I am aware that Occupational Health Services (OHS) will inform me, on commencement of my job, if vaccinations and/or blood tests are recommended. I acknowledge that, for patient safety and my safety, I am expected to contact OHS to arrange an appointment for these vaccinations and/or blood tests. If I do not arrange an appointment or fail to attend an appointment, HR will be notified and provided with details of the vaccinations and/or blood tests that have been recommended.

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| --- | --- | --- |
| **NAME**  **(CAPITAL**  **LETTERS)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signed | | Date |

**(YOUR TYPED NAME IS ACCEPTED)**

V4 – JULY 2021