



Accreditation:

Safe Effective Quality

Occupational Health Services

**HEALTH CLEARANCE FOR CURRENT UHSUSSEX FOUNDATION TRUST STAFF MOVING TO ANOTHER ROLE IN THE TRUST (RSCH/PRH/LVH/HPC only)**

Your answers to this questionnaire will be confidential to Occupational Health Services (OHS) and will not be given to anyone else without your written permission. 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.

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/>

Further information about OHS can be found by clicking on the link below, selecting Guidance documents and additional information and Occupational Health Services:

<https://www.bsuh.nhs.uk/documents/occupational-health-information-sheet>

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

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| --- | --- | --- | --- | --- | --- |
| Surname/Family name:  **(please use the same name as on your job application)** | | | Title: (eg. Miss, Mr, Mrs, Dr, etc) | | |
| Forename/First name: | | Preferred name: | | Preferred pronouns: | |
| Previous names (if applicable): | Date of birth:      /      /  (day) (month) (year)  **(Essential for password protection purposes)** | | | | Gender: |
| Mobile number: | | | | | |
| email:  **please REGULARLY check your junk/spam folder for ENCRYPTED CORRESPONDENCE** | | | | | |
| Current job title:  Current ward/department: | | | | | |
| New job title:  New ward/department:  Does this new role include direct patient contact? Yes  No  New manager:       New manager job title: | | | | | |

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| 1. Do you have any physical or mental health conditions or disability which may affect you at work in your new role? |
| Yes  No  If **yes**, please give full details below: |
| Diagnosis:  Date of diagnosis:  Symptoms:  Treatments:  Current impact on daily living activities:    Current impact in the working environment, including adjustments provided:    Please detail any adjustments or assistance you may need in the post you have applied for: |
| 1. Are you undergoing any investigations or receiving any treatment (including medication) at present? |
| Yes  No  If **yes**, please give full details below: |
| Reason for investigations/ treatment:  Diagnosis, if known:  Details of treatment, including dates:    Current impact on daily living activities: |
| 1. Are you receiving any treatment or medication that affects your immune system?   Yes  No  If **yes**, please provide full details below:  Name of treatment or medication:  Dose:  Duration of course of treatment: |

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| 1. Do you have, or have you ever had, eczema, dermatitis or any other skin condition on your hands? |
| Yes  No  If **yes**, please give full details below: |
| Dates:  Diagnosis:  Symptoms:  Treatments:  Please describe the current condition of your hands: |
| 5. Do you have any allergies which could affect you at work? Yes  No |
| If **yes**, |
| 1. What are you allergic to? 2. How does this affect you? 3. What exposure is required for an allergic reaction (ingesting the substance, touching the substance, being in the same room as the substance, etc)? |
| **6. Questions for Exposure Prone Procedure (EPP) Workers only**  EPPs are procedures where the worker’s finger tips are hidden within a body cavity and a sharp instrument or bone is or could be present (such as procedures in Midwifery, Surgery and Emergency Department).  a) Have you previously been involved in exposure prone procedures (EPPs) in the NHS?  Yes  No  **If Yes,** please give date of last clearance to undertake EPPs  b) Have you been in continuous NHS service since your last clearance date? Yes  No  **As you are aware, you have a professional responsibility to declare whether you have, or are at risk of having, a blood borne virus.**  c) Have you had any exposures to Hepatitis B, Hepatitis C or HIV? Yes  No  **If Yes**, please provide details    d) Have you ever tested positive to Hepatitis B, Hepatitis C or HIV? Yes  No  **If Yes**, provide documentation of current treatment regime, blood results and copies of relevant letters from your treating physician. Please include evidence of any previous Occupational Health clearances.  **EPP staff MUST provide documentary evidence of:**   |  | | --- | | Any previous blood test results for Hepatitis B, Hepatitis C and HIV. These ***MUST*** be **identified validated samples (IVS)** **from a UK laboratory**. If results are not supplied, you will require further testing. | | **7. 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  **8. Questions for food handlers only**  Do you suffer from:   1. Recurrent bowel condition Yes  No 2. Recurrent infections of the skin, ears or throat Yes  No   Have you ever had, had recent contact with, or are a carrier of:   1. Salmonella / Typhoid Fever Yes  No 2. Paratyphi / Paratyphoid Fever Yes  No | | **If Yes**, please give full details including dates, and information about treatment received: | |

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### DECLARATIONS

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

I am aware that:

1. Occupational Health Services (OHS) will inform me, on commencement of my new job, what (if any) vaccinations and/or blood tests are recommended.
2. I am expected to contact OHS to arrange an appointment for these vaccinations and/or blood tests, for patient safety and my safety.
3. OHS will inform my manager of what vaccinations or blood tests are required, and what work-related communicable diseases I am not currently protected against, so that a workplace risk assessment can be undertaken.
4. If I do not arrange, or fail to attend, an appointment, my manager will be notified.

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| Signed | Date |

**(YOUR TYPED NAME IS ACCEPTED)**

**Please ensure that you have completed all relevant sections of this form**

**as incomplete forms will be returned to you.**

**Missing evidence of vaccination/blood tests may delay your application.**

**Please return this Health Questionnaire to:**

[**uhsussex.PEHQ.occhealth@nhs.net**](mailto:uhsussex.PEHQ.occhealth@nhs.net)

**Please note that your emails are not considered a secure medium for sending personal, sensitive or confidential information unless encrypted and may therefore be at risk.**

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