



Accreditation:

Safe Effective Quality

Occupational Health Services

**HEALTH CLEARANCE FOR**

**CURRENT STAFF ON TEMPORARY REDEPLOYMENT**

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**

|  |  |
| --- | --- |
| First name:       | Surname:       |
| Any previous surnames:       |
| Date of birth:       |
| Mobile number:       |
| email address:       |
| Current manager name:       |
| Proposed job/area for temporary redeployment:     Proposed temporary role:      Dates from and to, if known: From:       To:      Does this new role include direct patient contact? Yes [ ]  No [ ]  |

Do you have a health condition or disability which may affect your work in this role? (Please select the relevant box)

[ ]  I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the temporary position.

[ ]  I do have a health condition or disability which might affect my work in the temporary role and which might require special adjustments.

 (Please provide further details)

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 temporary role:

### 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 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, my manager will be notified and provided with details of the vaccinations and/or blood tests that have been recommended.

**By ticking this box [ ]  you confirm you are aware that Occupational Health Services has a duty of care to inform your manager of your non-immune status to TB/chicken pox/measles/rubella (as applicable) so that a workplace risk assessment can be undertaken.**

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

 **(YOUR TYPED NAME IS ACCEPTED)**

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