

CONFIDENTIAL WORK HEALTH ASSESSMENT FORM

Section 1: Employer's Job Evaluation sheet

To be completed by recruiting manager

Please complete this section before the form is given to the prospective employee. Failure to do so will delay processing.

Employers have a duty of care to look after as far as possible the health, safety and welfare of employees at work. Risk assessments will identify any possible health and safety hazards.

Please note that employments involving potential contact with a substance/noise in the workplace may require the prospective employee to be seen for baseline testing as part of the health surveillance arrangements, by the Occupational Health Service and will form part of the health clearance process.

Name of applicant

Proposed Appointment

Department.....

Location.....

Name of company.....

Start date.....

This job may or will involve (please indicate any specific health hazards that the job could involve)

		Yes	No
	Contact with a substance known to be a respiratory sensitiser (e.g. flour, chemicals, laboratory animals etc))		
	Manual handling or postural demands		
	Use of Display Screen Equipment-computers or laptops		
	Contact with noise		
	Forklift Truck Operator		
	HGV Driver		
	Food handling		
	Other significant hazards- please list below		

Please list any **other** occupational hazards or contacts with hazardous substances that may be associated with this job:

.....

Any other relevant comments.....

.....

Name of Manager.....Signature.....

Date.....Tel no.....

Bradford on Avon Occupational Health Services
 St Margaret's Surgery, 29 Bridge Street, Bradford on Avon BA15 1BY
 Tel: 01225 865766 Fax: 01225 868648

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Section 2 :Prospective Employee's WORK HEALTH ASSESSMENT FORM

To be completed by the prospective employee and returned in a sealed envelope marked CONFIDENTIAL to the Occupational Health Service. This information is only for the Occupational Health Service and will not be given to anyone else without your written permission. The purpose of this 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. We may recommend adjustments or assistance as a result of this assessment to enable you to do your job. This is aimed at protecting your own health and safety, and that of your work colleagues. Before health clearance is given for employment you may be contacted by our service and you may need to see an occupational health adviser or occupational physician. If you have any questions completing this form please contact the Service on 01225 865766. Only go on to complete the food handler and immunisation section if these are relevant to your employment.

Title (Mr/Mrs etc):	Male:	Female:
Surname:	First name:	Date of birth
Address	Postcode	
Postcode	Daytime telephone number	Mobile number
Proposed Job Title	Company	Manager if known
Name of GP	Address of GP	Tel.no. of GP
Details of employments in the last 5 years		
Employer	Job title/nature of your work	Dates employed (start & finish)

Please attach any additional sheets of paper if necessary

	YES	NO
<p>Do you have any illness/impairment/disability (physical or psychological) which may affect your work? Details:</p>		
<p>Have you ever had any illness/ impairment/disability which may have been caused or made worse by your work? Details:</p>		
<p>Are you having, or waiting for treatment (including medication) or investigations that might affect your work at present? If your answer is yes, please provide details of the condition, treatment and dates Details:</p>		
<p>Do you think you might need any adjustment or assistance to help you do your job? Details:</p>		

DECLARATION

I certify that the answers to the above questions are true and complete to the best of my knowledge.

I agree to attend a health assessment/examination if necessary.

I understand that an opinion about my fitness to work will be given to Management.

Signed Date

I give permission for a member of the Occupational Health service to communicate with my general practitioner, or any other health professional, if further information is required and for that GP or health professional to give details of my clinical condition or other relevant information to the OH adviser/physician at Bradford on Avon Occupational Health Services.

I understand that I shall be contacted to obtain my fully informed consent before any report is requested and that under the Access to Medical Reports Act, 1988

I have the right to see the report before it is sent

I am entitled to ask the doctor to amend or modify information which I consider is inaccurate

I wish to seek access to this report / I do not wish to seek access to this report
(Please delete as appropriate)

Signed Date

I understand that if any recommendations to my employer are necessary as a result of this work health assessment, the Occupational Health Service will discuss the recommendations with me before making them to my employer.

I give consent for the Occupational Health Service to make recommendations to my employer, without me having seen a written copy of the recommendations first

OR

I would like to see a written copy of any recommendations the Occupational Health Service may make to my employer before they are sent to my employer.

(Delete one of the above statements before signing below)

Signed Date

Immunisation history

To be completed only if relevant to work area and job hazard identification form

	Date of 1 st dose	Date of 2 nd dose	Date of 3 rd dose	Test result & date	Date of booster	
Hepatitis B vaccination						Give the result of anti-HBs titre if done. A result of >100 iu/l is satisfactory
Subsequent HepB courses						
BCG (Tb)				Scar size		
Heaf or Mantoux				Result		
MMR or Rubella						Attach a copy of the antibody result if done
History of Chickenpox	Yes..... No.....					Please indicate whether you have had Chickenpox. If unsure, answer 'No'. Attach a copy of the antibody result if done.
	Date of 1 st dose	Date of 2 nd dose	Date of 3 rd dose	Pre-school booster	Adolescent booster	
Tetanus						5 doses are currently recommended for lifetime protection
Polio						Booster advised if more than 10 years since last dose
Diphtheria						Booster advised if more than 10 years since last dose
Influenza						