

Occupational Health Services

**Pre Placement Health Questionnaire**

The purpose of this questionnaire is to help the Occupational Health Practitioner to assess your fitness and suitability for the position for which you have applied.

**Failure to fully complete this questionnaire will result in a delay to your health clearance.**

**Please complete all sections**

Surname		Title	
Forename		Date of birth	
Previous name (if any)		NI number	
Home Address		Tel No	
		Mobile	
Post Code		Email Address	
Health & Care Number			
Job applied for		Location	
Have you lived or worked in a country outside UK and Ireland for more than 3 months in the past 5 years	If so, Where?		Dates
Have you ever had a health assessment for employment within the Health and Social Services? <input type="text" value="Y/N"/>	If yes, give name of organisation and date if known		
<b>Please list current and past employment within the last 5 years. Job Title/Employer</b>	<b>From</b>	<b>To</b>	

Please answer all of the following questions. If you answer yes please give details in the space provided

Medical History			
	Yes	No	Details
1. Do you have any current/recurring health condition/disability, which might affect your ability to do the proposed job?			
2. Do you need any specific aids/adaptations /adjustments to assist you at work/study whether or not you have a disability, including any hearing, visual or learning difficulties e.g. dyslexia, or any difficulty taking part in normal social interaction e.g. autism spectrum disorder, ADD or ADHD?			
3. Have you had lost time from work/school/ college due to illness during the past two years?			<i>Please state why, for how long and on how many occasions</i>
4. Have you seen a doctor or health professional in the last 2 years for any kind of health problem?			
5. Are you receiving or waiting for any treatment or investigations?			
6. Have you ever been medically retired or had to leave work due to ill health?			
7. Have you ever suffered or been diagnosed with the following? If yes, please provide details with dates.			
Mental health problems (including anxiety, depression, eating disorders, alcohol or drug misuse)			
Musculoskeletal problems such as back pain, arthritis, limb pain, restricted movement			
Skin problems including eczema, dermatitis psoriasis or previous problems with glove usage			
Epilepsy/blackouts or dizzy spells			
Diabetes			

	Yes	No	Details
Asthma or other respiratory condition			<i>Please provide details of your inhaler use</i>
Blood Borne Virus i.e. Hepatitis B, Hepatitis C and HIV			
Any other condition that could be made worse by work or study activities?			
8. Have you ever experienced any health problems directly related to or made worse by shift/night work?			<i>If yes, please provide details with dates</i>
9. Do you have any allergies? (including sensitivity to any kind of food, nuts medicines or other substances such as latex)			<i>If yes, please provide details</i>
10. Are you currently taking any medication?			<i>If yes, please provide details</i>
11. Have you ever had chickenpox or shingles?			<i>Please advise, if you were born or raised in tropical or sub-tropical regions</i>
12. Do you have documentary evidence of a BCG scar or BCG vaccination?			<i>If yes, please forward documentation</i>
13. Have you, or any member of your family ever had Tuberculosis (TB)?			
14. In the past 12 months have you had a cough for more than 3 weeks, coughed up blood or had any unexplained loss of weight, fever or night sweats?			

## Declaration

Before signing this declaration please ensure you have answered all the questions providing further details as required.

1. I am aware of my responsibilities in accordance with my professional code of practice to act accordingly if there are any changes in my health which might affect my ability to work.
2. I acknowledge that my Occupational Health records will be handled in accordance with the General Data Protection Regulations (GDPR) and Data Protection Act (2018).
3. I give consent for the Occupational Health Practitioner to access Belfast Link Labs (Labcentre) for blood screening relevant to my employment and undertaken within another Occupational Health Department in Northern Ireland.
4. I declare that the information I have provided is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.

Signature

Please print full name

Date

## Occupational Health Services

### Pre Placement Health Questionnaire - Guidance notes. Please read carefully.

The Pre Placement Health Questionnaire must be completed and returned with any supporting documentary evidence to the appropriate Occupational Health Service (OHS)

Please answer **all** of the questions. If you fail to complete the questionnaire, there will be a delay in confirming your fitness for work.

The purpose of the questionnaire is to:

- Ensure that you are medically fit for the proposed job
- Advise you and your employer if required of any adjustments to your work or workplace which may be necessary to ensure that any health condition you may have is not made worse by your work.
- Identify any medical condition which could pose a safety risk to you, your colleagues, customers or members of the public
- Check that you are not particularly vulnerable to any hazards that your job may contain

You may be contacted by the OHS regarding your occupational health assessment. This will usually be to gain further information and will be either via telephone, email or you may be requested to attend a face to face appointment for further assessment by an Occupational Health Practitioner.

Please be advised that the Occupational Health Practitioner may ask for consent to access your electronic health records (NIECR). It is important to highlight that there will be no adverse treatment of any employee, by their employing organisation, who withhold or withdraw consent for OH to access their electronic health records. Occupational Health Practitioners will only access electronic clinical information after you have provided informed consent to do so and will only access information proportionate to the role of the Practitioner requesting it.

Further information can be found on our Privacy Notice which is available upon request from the OHS.

Your answers to this questionnaire will remain confidential to the OHS where you completed your Pre-Placement Health Assessment. This means that the medical details you provide at any stage of your assessment will not be disclosed to anyone else without your explicit consent or if there is an overriding legal duty. Some information may be used internally as part of the routine auditing within the OHS.

Following your occupational health assessment the OHS will notify the relevant employer of the outcome.

Kind Regards

The Occupational Health Service

