



# **Pre-employment Health Screening Policy and Procedure**

### META Data

|                               |   |
|-------------------------------|---|
| <b>Policy Title:</b>          | Pre-employment Health Screening Policy and Procedure  |
| <b>Date:</b>                  | January 2008  |
| <b>Review date:</b>           | January 2009  |
| <b>Created by:</b>            | Tracy Nicholls Occupational Health Nursing Services Manager   |
| <b>Source:</b>                | Human Resource Director   |
| <b>Stored Centrally</b>       | Trust Intranet  |
| <b>Linked Trust Policies:</b> | Equal Opportunities Policy<br>HIV/Aids and Employment Policy<br>Drugs and Alcohol Policy<br>Health and Safety at Work Policy<br>Manual Handling Policy<br>Hepatitis B and Employment Policy<br>Recruitment and Selection<br>Management of Respiratory Sensitisers<br>Health and Safety<br>Display Screen Equipment<br>Work Experience |
| <b>Scope</b>                  | This policy applies to all staff including Medical staff and Senior Managers.   |
| <b>Staffside Sign Off</b>     |   |
| <b>Management Sign Off</b>    |   |

## Contents

|     |   |     |
|-----|---|-----|
| 1.  | Introduction  | 4   |
| 2.  | Policy statement  | 4   |
| 3.  | Scope of the policy   | 4   |
| 4.  | Definition  | 4-5 |
| 5.  | Procedure – general principles  | 5   |
| 6.  | Recruitment Team Responsibilities   | 5-6 |
| 7.  | Managerial Responsibilities   | 6   |
| 8.  | Occupational Health Responsibilities  | 6-7 |
| 9.  | Review and Monitoring   | 7   |
| 10. | <p>Appendices</p> <p>Appendix I – Occupational Health Confidential Pre-employment Health Questionnaire</p> <p>Appendix II – Occupational Health pre-employment envelope</p> <p>Appendix III - Occupational Health Confidential Pre-employment Health Questionnaire Recruitment of Existing Staff</p> <p>Appendix IV – Health Declaration for Staff Working on a Temporary Basis</p> <p>Appendix V - Occupational Health Confidential Pre-employment Health Questionnaire for Work Experience and Volunteer Placements</p> |     |

## Pre-Employment Health Screening Policy and Procedure

### 1. Introduction

- The Department of Health document, 'The Management of Health, Safety and Welfare Issues for NHS Staff' 1998, clearly identifies pre-employment health assessment as a valued function of the Occupational Health Service (OHS).
- Further guidance followed from the Department of Health in December 2001, 'The effective management of Occupational Health and safety services in the NHS' stipulates that all new employees should have a pre-employment health assessment to a uniform standard which complies Equal Opportunities legislation, the Department of Health's Mental Health and Employment in the NHS (2002) and the Equality Act 2006.
- Health and Safety legislation with regard to health surveillance of staff working with certain hazards advises pre-employment health assessment as part of an ongoing process to monitor the potential ill effects on health of certain substances and/or work practices.
- In keeping with the Equality Act 2006 & Trust's Equal Opportunities Policy, Managers are required to recruit and retain the best person for the job, regardless of race, ethnic origin, colour, nationality, religion, gender, sexual orientation, age or disability.
- The purpose of this document is to detail the Policy and procedures for pre-employment health screening within the Trust.

### 2. Policy Statement

- The Trust is committed to the promotion, improvement and maintenance of the physical and mental well-being of its employees and recognises the significant role of the OHS in achieving this objective.
- A necessary prerequisite is the ensurance, as far as possible, that staff are recruited with the qualifications and experience to carry out their designated tasks.
- All Managers involved in the recruitment and selection process and the Manager responsible for Occupational Health Services have a duty to meeting the requirements of the Policy.

### 3. Scope

- The Policy applies to all prospective employees and to employees in the post who are transferring to a different work area or undergoing significant changes to their original job description.
- The Policy applies to Bank staff, the work experience scheme and volunteers. Privately contracted staff will be subject to the same health screening procedure as staff employed by the Trust.
- The policy also includes staff who are employed by another organisation and who will be working for the Trust on a temporary basis.

### 4. Definitions

There are 3 aspects of pre-employment health screening which are defined in the document as follows:

'Questionnaire'                      Pre-employment Health Screening Questionnaire which is forwarded to all shortlisted candidates and which remains confidential to the OHS.

|                       |  |
|-----------------------|--|
| 'Health Interview'    | Further assessment carried out by an Occupational Nurse Advisor, where appropriate.  |
| 'Medical Examination' | Further assessment carried out by an Occupational Physician, where appropriate.  |
| 'Vaccination update'  | Further immunisation & vaccination screening carried out by an Occupational Nurse where insufficient evidence has been provided by the candidate. This includes BCG scar checks for TB immunity, hepatitis B, chicken pox, measles, mumps and rubella immunity and blood tests for the relevant Health Care Workers who perform exposure prone procedures. |

## 5. Procedure

### General Principles

- Pre-employment health screening must be carried out before an offer of employment is made. The new employee will not commence work until all checks are completed and they are presumed fit to work.
- Pre-employment health screening will in no way detract from the role and responsibilities of the Manager in staff recruitment.
- OHS Practitioners are responsible for deciding whether health interview or medical examination is necessary following assessment of a completed Questionnaire from the preferred candidate. The decision will be based on information given by the candidate and job requirements described by the recruiting Manager.
- All information received by the OHS and pertaining to the health status of prospective employees will remain confidential. Only the medical fitness of the applicant to undertake the duties of the post will be made available to the Manager concerned.
- Pre-employment health screening should not delay the recruitment and selection process if the procedures outlined in the Policy are adhered to by all parties involved.
- The health assessment process should be repeated when an internal job change involves a significant change in duties.

## 6. Recruitment Department Responsibilities

- The Recruitment team must ensure the Pre-employment Health Screening Questionnaire is forwarded to shortlisted candidates only, with the letter of invitation to attend a job interview. Please refer to Appendix 1
- The Recruitment team must ensure the appropriate instructions are sent to short-listed candidates to return the completed questionnaire, in the sealed envelope to the interview panel at interview. The candidate must write their name and post applied for on the outside of the envelope where indicated. The interview panel must be informed/reminded that the candidate cannot commence working for the Trust until all health checks are completed Please refer to Appendix 2.
- The Recruitment team will ensure that once a successful candidate has been chosen, the sealed envelope containing their Health screening questionnaire must be forwarded to the Occupational Health Department at the site they will be working. The successful candidate must be informed that they cannot commence work until all health checks are completed. The envelopes containing the questionnaires from unsuccessful applicants must be destroyed and

any future applications will involve the completion of a new form related to the duties of the post to be filled.

- An Occupational Health Advice Note will be sent to the relevant resourcing manager within 48 hours of receipt and screening of the questionnaire. This will identify what health clearance has been given and whether the candidate is fit for post, if there are restrictions to practice or whether they are deferred pending medical advice.
- In most cases clearance will be confirmed on the same day but a health interview and/or medical examination and/or vaccination update may be necessary.
- The Recruitment Team will ensure that all potential new employees receive written advice that all offers of employment are made 'subject to satisfactory health clearance'.
- Employees must be allocated time to attend the OHS for vaccination, display screen equipment (DSE) vision screening and any other procedure advised during the first 4 weeks of employment.

## 7. Managers Responsibilities

- Managers must ensure that employees adhere to any restrictions in practice until they are removed by the Occupational Health Service. Managers will be notified of changes to health clearance status through the provision of a further Occupational Health Advice Note.
- Managers must ensure that existing employees, who transfer to a new post or promotion, complete a Health Questionnaire for 'existing staff', to ensure they receive appropriate Occupational Health advice. Please refer to Appendix 3.
- Managers should seek Occupational Health Advice for existing employees who have a significant change in duties.
- **Temporary staff:** Employees, who are on secondment to the Trust from other NHS organisations, must supply adequate documentary evidence to ensure they have received sufficient clearance to work in a health care setting, from their employer. Please refer to Appendix 4.
- **Work Experience & Volunteer Placements:** The managers responsible for recruiting work experience placements must ensure that all candidates complete and return a Work Experience Health Questionnaire. The manager will be responsible for informing Occupational Health of any specific biological or physical hazards that the individual may be exposed to, or if a volunteer will be placed in an identified high risk area in order that additional screening can be undertaken.
- High risk areas are identified as:
  - Paediatrics
  - Maternity
  - Oncology/Haematology
  - Transplant Units/Renal Units
  - Neonatal Unit
  - Emergency Department
  - Direct contact with patients known to have Tuberculosis

Please refer to Appendix 5.

## 8. Occupational Health Responsibilities

The OHS has duties as follows:

- The OHS will receive the completed Questionnaires and provide an Occupational Health Advice Note to the relevant resourcing manager, within 2 working days of receiving the completed questionnaire.
- If a health interview, vaccination update or further screening is required, an appointment will be offered within 10 working days with a copy of the appointment letter forwarded to the Manager.
- If a medical examination is required, the process may be delayed depending on follow up required and the need to wait for medical reports from the candidate's GP/other medical advisor. Managers will be kept informed of progress in order to avoid delay.
- When the appointment is confirmed, a personal file will be set up both manually and on computer to include a recall procedure, where required for specific health surveillance.
- The new employee will be sent information about the OHS and invited to attend for any follow up required during the first 4 weeks of employment.
- Additional screening will be undertaken for work experience and volunteers only when identified by their specific managers. This will include vaccination updates and lung function tests as required.
- In line with the latest Department of Health guidance, all Health Care Workers new to the NHS will be offered the opportunity to attend a vaccination update prior to commencing work for the Trust.

## **9. Review and Monitoring**

- The Policy has been developed in the light of currently available information and guidance from appropriate sources. Any new developments may necessitate a review and change in procedure.
- The document will be monitored and reviewed by the Head of People Centre and the Occupational Health Services Manager and amended through the JINC.

**OCCUPATIONAL HEALTH SERVICE  
CONFIDENTIAL PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

**Please provide this completed form to your recruiting manager, in the sealed envelope provided, with your name on, at interview.**

Please complete all sections as requested. The form may be returned to you if incomplete.

**BLOCK CAPITALS PLEASE** (\*Delete as appropriate)

|   |  |                             |   |
|---|--|-----------------------------|---|
| Surname                                 | <input style="width: 95%;" type="text"/> | Former Name (if applicable) | <input style="width: 95%;" type="text"/>              |
| First Name(s)                           | <input style="width: 95%;" type="text"/> | Male/Female                 | <input style="width: 95%;" type="text"/>              |
| Title : *Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Sir |  | Date of Birth               | <input style="width: 95%;" type="text" value=" / /"/> |

|              |   |
|--------------|---|
| Home Address | <input style="width: 98%;" type="text"/>                  |
|              | <input style="width: 95%;" type="text" value="Postcode"/> |

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| Home Telephone No | <input style="width: 95%;" type="text"/> | Home email address | <input style="width: 95%;" type="text"/> |
|-------------------|--|--------------------|--|

|               |  |                       |  |
|---------------|--|-----------------------|--|
| Mobile Number | <input style="width: 95%;" type="text"/> | National Insurance No | <input style="width: 95%;" type="text"/> |
|---------------|--|-----------------------|--|

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Post/Job Applied For? | <input style="width: 95%;" type="text"/> | Recruiting Manager | <input style="width: 95%;" type="text"/> |
|-----------------------|--|--------------------|--|

|                        |  |   |
|------------------------|--|---|
| Which Department/Ward? | <input style="width: 95%;" type="text"/> | Main Site: *SOLIHULL/ HEARTLANDS/ GOOD HOPE |
|------------------------|--|---|

|                     |  |  |
|---------------------|--|--|
| Proposed Start Date | <input style="width: 95%;" type="text"/> | Will you also be working for the Trust bank? *Yes/No |
|---------------------|--|--|

|  |  |              |  |
|--|--|--------------|--|
| Hours : *FT/PT/Sessional/Locum/Bank/Honorary Contract/ Not Known |  | Hrs per week | <input style="width: 95%;" type="text"/> |
|--|--|--------------|--|

If post is for a fixed term or placement, please state for how long.

Have you worked for this Hospital before? \*Yes/No If yes which site: \*SOLIHULL/ HEARTLANDS/ GOOD HOPE

Have you worked for an NHS Trust previously? \*Yes/No ***If yes, please give details below:***

| Employer | Country | From | To | Post title |
|----------|---------|------|----|------------|
|          |         |      |    |            |

Were you born or have you lived outside of the UK for longer than 6 months? \*Yes/No  
***If yes, please specify which countries and dates:***

Please list all periods of absence from work or study in the last 3 years

| Date | Duration of absence in days | Reason for absence |
|------|-----------------------------|--------------------|
|      |                             |                    |
|      |                             |                    |
|      |                             |                    |

**Please turn over**



**Please provide as much information as possible for any declared conditions by attaching an additional sheet of paper if required.**  
*\*delete as appropriate*

1. Do you need any special aids/adaptations to assist you at work whether or not you have a disability? The meaning disability as defined by the Disability Discrimination Act, is "a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?" **\*Yes/No**

**If yes please give details** \_\_\_\_\_

2. Do you have any back problems or other musculo-skeletal problems which will cause difficulty with bending, lifting or standing for long periods? **\*Yes/No**

**Please give details, including any periods of absence** \_\_\_\_\_

3. Do you have a history of anxiety, depression, psychiatric disorder, stress related problems, eating disorders, drug/alcohol misuse, self harm or overdose? **\*Yes/No**

**Please give details below, including dates, any periods of absence & treatment**

\_\_\_\_\_

4. Do you take any regular prescribed medication? **\*Yes/No**

If yes, please list medication & reason: \_\_\_\_\_

5. Do you have any skin conditions, allergies to skin cleansing products, latex or other glove problems? **\*Yes/No**

**Please give details** \_\_\_\_\_

6. Have you, at any time, experienced fits, faints or blackouts? **\*Yes/No**

**Please give details including dates & treatment** \_\_\_\_\_

7. Have you ever had a positive test for any blood borne virus that could be transmitted by a contamination incident, e.g. HIV, Hepatitis B, Hepatitis C? **\*Yes/No**

**Please give details** \_\_\_\_\_

8. Do you have any other health issues which may affect your work in any way? **\*Yes/No**

**Please give details** \_\_\_\_\_

9. Have you entered the NHS via an overseas route? **\*Yes/No**

If 'yes' from which country? \_\_\_\_\_

If 'yes' please give details of when and where you last had a chest X-ray

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Country where x-ray was conducted: \_\_\_\_\_

**Please enclose a copy of the x-ray report if available**

10. Have you had contact with anyone in your family, whilst they have had Tuberculosis (TB)? **\*Yes/No**

**Please give details** \_\_\_\_\_

11. Have you recently coughed up blood, had profuse night sweats, been diagnosed with TB or had unexplained weight loss? **\*Yes/No**

**Please give details** \_\_\_\_\_

12. Have you ever had chicken pox or shingles? **\*Yes/No**

- If you WILL be working in patient areas, or working with clinical materials please continue & complete the immunisation record
- If you will NOT be working in patient areas or with clinical specimens please sign the declaration only

Please continue to next page

**To be completed if you will be working in patient areas or with clinical materials only**

NB: If you are unsure, please complete this section of the form & tick box

**Immunisation record:**

Not all of these immunisations will be relevant to your work but please complete what you can.

**Please enclose copies of all documented immunisation records and laboratory reports if available, you may need to contact your GP or OH for your immunisation record, otherwise you may be required to undertake these tests/vaccinations again.**

|   | <b>Please tick appropriate response</b>  | <b>Result</b>   | <b>Immunisation dates: please attach documented evidence form practitioner.</b>                      |
|---|--|---|--|
| Have you been immunised against Hepatitis B?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | Antibody level =<br><br>Please attach copy of laboratory reports  | Immunisation dates<br>1.            2.<br>3.            Boosters                                     |
| Do you have an identified validated blood result showing your hepatitis B surface antigen/carrier status? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | Core Antibody =<br>Surface Antigen =<br><br>Please attach copies of most recent laboratory report   |  |
| Have you been found to be a carrier of the hepatitis B virus? (surface antigen positive)                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes: Please attach a copy of your most recent identified validated viral load laboratory report  |  |
| Do you have an identified validated blood result showing your hepatitis C status?                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't Know | Please attach copies of laboratory reports  |  |
| Do you have an identified validated blood result showing your HIV status?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't Know | Please attach copies of laboratory reports  |  |
| If you have not had chicken pox, have you been immunised or had a blood test for varicella immunity?      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | Please attach copies of laboratory reports  | Immunisation dates<br>1.            2.   |
| Do you have a TB/ BCG scar?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Please attach evidence that your scar has been checked by an Occupational Health professional   | Immunisation date<br>1.  |
| Have you had a Heaf test or Mantoux test (TB skin test)?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Result:<br><b>Please enclose evidence</b>   | Test date<br>1.            2.  |
| Have you been immunised against Diphtheria?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Antibody level:<br>Please attach copy of laboratory report  | Immunisation dates<br>1.            2.<br>3.            4.   |
| Have you been immunised against Polio?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   | Immunisation dates<br>1.            2.<br>3.            4.   |
| Have you been immunised against Tetanus?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   | Immunisation dates<br>1.            2.<br>3.            4.<br>5.                                     |
| Have you been immunised against Hepatitis A?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Antibody level:<br>Please attach copy of laboratory report  | Immunisation dates<br>1.            2.   |
| MMR details.<br>Is your date of birth on or after 01/01/1970?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If yes, have you been immunised against Mumps, Measles, and Rubella (MMR)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | Immunisation dates<br>1.            2.<br><b>Please enclose documentary evidence of vaccinations</b> |
| Have you been tested for immunity to Rubella, Measles & Mumps?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | If yes, please attach a copy of the laboratory reports  |  |

**DECLARATION:** I declare that the information on the form is true and complete. I understand that any wilful misstatement or omission may render me liable to dismissal if engaged. I am prepared to undergo a medical examination and/or chest x-ray and attend Occupational Health within 4 weeks of commencing employment for immunisation if necessary. Disclosure of medical information to the examining Doctor by my present medical practitioner and any other who have examined me may be necessary and in these circumstances my permission will be sought in accordance with the Access to Medical Report Act 1988.

Signature:..... Date: .....

**Please ensure you have completed and enclosed the relevant vaccination evidence, if required.**

**For official Occupational Health use ONLY:**

**ACTION**

- Fit for specified post
- Fit with the following restrictions
- Deferred pending medical advice
- Unsuitable to carry out specified post
- Form returned as incomplete

**RESTRICTIONS TO PRACTICE**

- Insufficient information provided, therefore, this individual does not meet DoH standards and must not perform exposure prone procedures. Clinical director may wish to take responsibility for clearance until this can be provided by OH.
- No evidence of chicken pox/MMR/TB immunity provided. Must avoid high risk occupational areas and contact with known or suspected cases.
- Manager to inform OH if staff member is to be placed in a high risk area for chicken pox, MMR or TB.
- Not passed fit to work with respiratory sensitisers, except latex. Further screening required.
- Other: \_\_\_\_\_

**APPOINTMENT DETAILS**

- Appointment with Dr
- Appointment with nurse
- This person must attend the OH for a new starter vaccination check during the first 4 weeks of employment. An appointment will be given directly to the individual. The manager will be informed if this person does not attend their appointment and will be responsible for ensuring attendance within 4 weeks.
- Other: \_\_\_\_\_

**APPOINTMENT REASON**

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Mantoux test       | <input type="checkbox"/> BCG vaccination /scar check | <input type="checkbox"/> Varicella update      | <input type="checkbox"/> MMR update         |
| <input type="checkbox"/> Hepatitis B update | <input type="checkbox"/> Blood borne virus screening | <input type="checkbox"/> Health Interview      | <input type="checkbox"/> Lung function test |
| <input type="checkbox"/> Review appointment | <input type="checkbox"/> Vision screening            | <input type="checkbox"/> Skin assessment       | <input type="checkbox"/> Drivers Medical    |
| <input type="checkbox"/> Estates Medical    | <input type="checkbox"/> Fracture Clinic Medical     | <input type="checkbox"/> Laboratory vac update | <input type="checkbox"/> Other              |

**ADVICE TO MANAGER**

- Client already in post – please make management referral if concerned
- Must be provided with latex free gloves. Advice given to the individual.
- Disability Discrimination Act may apply. Medical condition declared that is currently well controlled but may be prone to periods of exacerbation.
- Night worker – Working Time Regulations apply
- Young worker provisions apply
- Other: \_\_\_\_\_

|   |
|---|
| Signature of nurse: _____ Print name: _____ |
| Date: _____                                 |

Dear **Candidate**, please place your completed pre-employment Health Questionnaire in this envelope, bring it with you to your interview and hand it to a member of the interview panel.

To be completed by the **Candidate**:

Candidate Name:

Name of post applied for:

To be completed by the **Interview Panel**: please ensure the following information is completed prior to this envelope being returned to the Recruitment Team

Name of Department:

Name of Recruiting Manager:

Name of Line Manager:

Estimated start date:

**Site: BHH <sup>inc BCC</sup> / SOL / GHH**

Does this post have Direct Patient contact?

YES / NO

Has this Candidate been Successful at interview?

YES / NO

**OCCUPATIONAL HEALTH SERVICE,  
CONFIDENTIAL PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

**RECRUITMENT OF EXISTING TRUST STAFF**

|   |                      |                                |                                   |
|---|----------------------|--------------------------------|-----------------------------------|
| Surname   | <input type="text"/> | Former Name<br>(if applicable) | <input type="text"/>              |
| First Name(s)   | <input type="text"/> | Male/Female                    | <input type="text"/>              |
| Title: *Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Sir (*Delete as appropriate) |                      |                                | National Insurance N <sup>o</sup> |
| Date of birth:  | <input type="text"/> | Band:                          | <input type="text"/>              |
|   |                      | Job Title:                     | <input type="text"/>              |
| Department:   | <input type="text"/> | Home Telephone N <sup>o</sup>  | <input type="text"/>              |
| Home Address  | <input type="text"/> |                                |                                   |
|   | <input type="text"/> |                                |                                   |
|   | Postcode             | <input type="text"/>           |                                   |
| Mobile N <sup>o</sup>   | <input type="text"/> | Email                          | <input type="text"/>              |
| Which site will you be working?                                 | <input type="text"/> |                                |                                   |

**1. Please give details below of any illnesses or medical conditions, including musculo-skeletal problems that you feel may affect your ability to undertake work in a health care setting.**

*Please continue on a separate sheet of paper if required*

**2. Does this post involve work in patient areas or exposure to clinical specimens? \*Yes/No**

**3. Will you require any special aids/adaptations to assist you at work whether or not you have a disability? \*Yes/No** If yes please give details above.

**DECLARATION:** I declare that the information on the form is true and complete. I understand that any wilful misstatement or omission may render me liable to dismissal if engaged. I am prepared to undergo a medical examination and/or chest x-ray and immunisation screening if necessary. Disclosure of medical information to the examining Doctor by my present medical practitioner and any other who have examined me may be necessary and in these circumstances my permission will be sought in accordance with the Access to Medical Records Act 1988.

**Signature:**..... **Date:**.....

**NB: Please provide this completed form to your recruiting manager, in a sealed envelope with your name on, at interview.**

|  |   |   |
|--|---|---|
| <u>Occupational Health Department Contact Details</u>  |   |   |
| Heartlands Hospital: Stratford House<br>Bordesley Green East, Birmingham.B9 5SS.<br>Direct Tel No: 0121 424-0610<br>Fax: 0121 424-3044 | Solihull Hospital:Ullswater House<br>Lode Lane, Solihull. B91 2JL<br>Direct Tel No: 0121 424-5113<br>Fax: 0121 424-5118 | Good Hope Hospital<br>Rectory Road, Sutton Coldfield,<br>West Midlands. B75 7RR<br>Direct Tel No: 0121 378 6099<br>Fax: 0121 378 6098 |

**For official Occupational Health use ONLY:  
ACTION**

- Fit for specified post
- Fit with the following restrictions
- Deferred pending medical advice
- Unsuitable to carry out specified post
- Form returned as incomplete
- Fit for non clinical placements only

**FURTHER ADVICE/APPOINTMENT DETAILS**

\_\_\_\_\_

\_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date \_\_\_\_\_



**STAFF WORKING AT HEFT ON A TEMPORARY BASIS**

As you are currently employed by another NHS Trust, in order to ensure that you are fit to work at Heart of England NHS Foundation Trust (HEFT) on a temporary basis and to avoid further screening, we require confirmation of your fitness to work.

- Please: - complete the personal details below  
 - take the form to your current Occupational Health Department to complete the health section  
 - return the completed form to the appropriate HEFT Occupational Health Department (address below).

**\*To be completed by the employee**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| *Name:                                | *Job Title:                          |
| *Date of Birth                        | *Department                          |
| *Address:                             |                                      |
|                                       | *Contact Number:                     |
| *HEFT manager:                        | *Site: Heartlands/Solihull/Good Hope |
| *How long you will be working at HEFT |                                      |

Dear Occupational Health Colleague,

We have been informed that the above member of staff will be working temporarily at Heart of England NHS Foundation Trust. To ensure that they have received appropriate clearance to work in a health care setting, could you please complete the section below and ask the individual to return the form to the relevant Occupational Health Department below.

Many thanks.

**Occupational Health Services  
 Heart of England NHS Foundation Trust**

**Health Section: To be completed by the current Occupational Health Provider**

I confirm that the above member of staff was passed fit to undertake the following work;

*Tick as appropriate:*

|                                   |                                      |                                      |
|-----------------------------------|--------------------------------------|--------------------------------------|
| Non clinical duties               | Direct patient contact               | To work with clinical specimens      |
| Perform exposure prone procedures | To work with respiratory sensitisers | Other:<br><i>Please specify.....</i> |

Name:.....  
 Signature.....  
 Designation:.....  
 Date: .....



|   |  |  |
|---|--|--|
| Occupational Health Department,<br>Heartlands Hospital, Bordesley Green East,<br>Birmingham.B9 5SS.<br><i>Direct Tel No: 0121 424-0610 Fax: 0121 424-3044</i> | Occupational Health Department, Solihull<br>Hospital, Lode Lane, Solihull. B91 2JL<br><i>Direct Tel No: 0121 424-5113<br/>Fax: 0121 424-5118</i> | Occupational Health Department,<br>Good Hope Hospital, Rectory Road, Sutton Coldfield, West<br>Midlands. B75 7RR<br><i>Direct Tel No: 0121 378 6099 Fax: 0121 378 6098</i> |
|---|--|--|

**OCCUPATIONAL HEALTH SERVICE  
CONFIDENTIAL PRE-EMPLOYMENT HEALTH QUESTIONNAIRE  
WORK EXPERIENCE & VOLUNTEER PLACEMENTS**

Failure to disclose relevant information, or providing false information, may affect your approval for work experience or volunteer placement.

|   |                      |                             |                                    |
|---|----------------------|-----------------------------|------------------------------------|
| Surname   | <input type="text"/> | Former Name (if applicable) | <input type="text"/>               |
| First Name(s)   | <input type="text"/> | Male/Female                 | <input type="text"/>               |
| Title: Mr/Mrs/Ms/Miss/Dr/Professor/Reverend/Sir (Delete as appropriate) |                      |                             | Date of Birth <input type="text"/> |
| Home Address  | <input type="text"/> |                             |                                    |
|   | <input type="text"/> |                             |                                    |
|   | Postcode             | <input type="text"/>        |                                    |
| Placement co-ordinator:   | <input type="text"/> | Department                  | <input type="text"/>               |
| Home Telephone No   | <input type="text"/> | Email                       | <input type="text"/>               |
| Mobile No   | <input type="text"/> | Placement date:             | <input type="text"/>               |
| Placement area  | <input type="text"/> |                             |                                    |

**1. Will you require any special aids/adaptations to assist you at work whether or not you have a disability?**

\*Yes/No If yes please give details below.

**2. Please give details below of any illnesses or medical conditions that you feel may affect your ability to undertake work experience or volunteer work in a health care setting.**

*Please continue on a separate sheet of paper if required*

**DECLARATION:** I declare that this information is true and complete and understand that any wilful mis-statement or omission may result in cancellation of my placement. I agree to attend for a Health Interview or Medical Examination if this is considered appropriate by the Occupational Health Service based on the information declared above. I understand that I will not be screened for fitness to work with patients or clinical specimens unless specifically requested by my manager. I agree to attend for an immunisation check if I am to be placed in an identified high-risk area, or if I am to be involved in direct patient care/clinical specimens.

|                         |                    |
|-------------------------|--------------------|
| <b>Signature:</b> ..... | <b>Date:</b> ..... |
|-------------------------|--------------------|

**NB: Please send the completed form to the relevant Occupational Health e.g. Heartlands OHD for Heartlands placement, Solihull OHD for Solihull placement, Good Hope OHD for Good Hope placement.**

|   |  |  |
|---|--|--|
| Occupational Health Department,<br>Heartlands Hospital, Bordesley Green East,<br>Birmingham.B9 5SS.<br><i>Direct Tel No: 0121 424-0610 Fax: 0121 424-3044</i> | Occupational Health Department, Solihull<br>Hospital, Lode Lane, Solihull. B91 2JL<br><i>Direct Tel No: 0121 424-5113<br/>Fax: 0121 424-5118</i> | Occupational Health Department,<br>Good Hope Hospital, Rectory Road,<br>Sutton Coldfield, West Midlands. B75 7RR<br><i>Direct Tel No: 0121 378 6099 Fax: 0121 378 6098</i> |
|---|--|--|

**For official Occupational Health use ONLY:**

**ACTION**

- Fit for specified post
- Fit with the following restrictions
- Deferred pending medical advice
- Unsuitable to carry out specified post
- Form returned as incomplete
- Vaccination check not required for this area

**FURTHER ADVICE/APPOINTMENT DETAILS**

\_\_\_\_\_

\_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date \_\_\_\_\_