**Confidential Occupational Health Check**

**[PLEASE NAVIGATE THE FORM ELECTRONICALLY USING THE TAB BUTTON – OR COMPLETE USING BLACK INK. YOU MUST RETURN YOUR QUESTIONNAIRE DIRECTLY TO OCCUPATIONAL HEALTH]**

**PLEASE ENSURE YOU READ AND COMPLETE ALL SECTIONS OF THE FORM OTHERWISE THE FORM WILL BE RETURNED TO YOU WHICH MAY DELAY ENROLMENT**

**Important: Data Protection & Confidentiality**

The University complies fully with all data protection legislation and the Occupational Health Department additionally adheres to a strict code of medical confidentiality. Occupational Health will treat any health information you provide as strictly confidential and only use it in accordance with the purposes of this document. Occupational Health will advise the appropriate college on your medical suitability for your new role and any adjustments that might be required to facilitate your training.

**PART A PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: Ms [ ]  Miss [ ]  Mrs [ ]  Mr [ ]   | Gender:       |
| Surname/Family Name:       | First Name:       |
| Previous Names (if Applicable):       | Date of Birth:       |
| Course Applied For:       | Anticipated Start Date: MM/YYYY       |
| Campus (Singleton or Carmarthen):      | Have you ever worked for the NHS?: \* Yes [ ]  No [ ]   |
| Home Address:       |
| Post Code:       | Email:       |
| Mobile:       | Telephone (Home):       |
| Name and address of GP surgery:       |

**PART B CURRENT HEALTH STATUS**

**1.** Do you have any physical or psychological (such as depressive disorders, anxiety disorders, neurodevelopmental disorders, eating disorders, substance-related disorders, personality disorders) health conditions or disabilities which might impair your ability to safely and effectively carry out all or any of the duties of your training and are any adjustments required? (Please continue a separate sheet if necessary and ensure any attached sheets have your name and date of birth clearly stated on them)

Yes [ ]  No [ ]

**2.** Please give details of any illness/impairment/disability (physical or psychological) which may effect your duties

**3:** Please give details of any required support or adjustments needed during your education or training?

4. Please give details of any treatment (including medication) you are having, or waiting for, or investigations, including the details of the condition, treatment and dates.

**PART C TUBERCULOSIS (TB) STATUS *see note 2***

5. Have you lived continuously in the UK for the last 5 years? Yes [ ]  No [ ]

 If no, please list the countries you have lived in over the last 5 years:

6. Do you have any of the following:

 A cough which has lasted for more than 3 weeks? Yes [ ]  No [ ]

 Unexplained weight loss? Yes [ ]  No [ ]

 Unexplained fever? Yes [ ]  No [ ]

7.Have you ever had TB or been in recent contact with open TB? Yes [ ]  No [ ]

8. Have you had a BCG vaccination (for tuberculosis) ? Yes [ ]  No [ ]

9. Do you have a BCG scar? If yes please state where (e.g. left arm) Yes [ ]  No [ ]  Where:

10. Have you ever had a TB test e.g. heaf/Mantoux/interferon Yes [ ]  No [ ]  Result:

**PART D IMMUNISATION STATUS *see note 3***

**YOU MUST ENCLOSE SUPPORTING EVIDENCE OF VACCINATIONS/BLOOD TESTS FROM YOUR GP SURGERY IN ADDITION TO ANSWERING THE BELOW, IF YOU WORK/HAVE EVER WORKED FOR THE NHS, PLEASE OBTAIN YOUR OCCUPATIONAL HEALTH IMMUNISATION/VACCINATION DOCUMENTATION. PLEASE ENSURE THAT YOU HAVE EVIDENCE OF TWO MMR VACCINATIONS, IF YOU HAVEN’T HAD THEM, PLEASE ARRANGE TO HAVE THEM WITH YOUR GP. WITHOUT THIS, THERE MIGHT BE A DELAY IN ATTENDING PLACEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Yes | No | Year | Result |
| Hepatitis B Vaccination 1st Dose | [ ]  | [ ]  |       | - |
|  2nd Dose | [ ]  | [ ]  |       | - |
|  3rd Dose | [ ]  | [ ]  |       | - |
|  Booster | [ ]  | [ ]  |       | - |
| Hepatitis B surface antibody blood test (*please enclose copy)* | [ ]  | [ ]  |       |       |
| Hepatitis B surface antigen blood test (*please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Hepatitis C antibody blood test (*please enclose copy if available)* | [ ]  | [ ]  |       |       |
| HIV blood test (*please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Measles, mumps and rubella (MMR) vaccination 1st Dose | [ ]  | [ ]  |       | - |
| *(please supply documentary evidence of both MMRs)* 2nd Dose | [ ]  | [ ]  |       | - |
| Measles blood test *(please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Mumps blood test *(please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Rubella (German measles) blood test *(please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Tetanus, diphtheria, polio vaccination 1st dose | [ ]  | [ ]  |       | - |
|  2nd dose | [ ]  | [ ]  |       | - |
|  3rd dose | [ ]  | [ ]  |       | - |
|  Booster  | [ ]  | [ ]  |       | - |
| Covid vaccination 1st dose *(please supply documentary evidence)* | [ ]  | [ ]  |       | - |
| Covid vaccination 2nd dose *(please supply documentary evidence)* | [ ]  | [ ]  |       | - |
| Covid vaccination booster dose *(please supply documentary evidence)* | [ ]  | [ ]  |       | - |
| Meningitis ACW&Y Vaccination | [ ]  | [ ]  |       | - |
| Have you had chickenpox? | [ ]  | [ ]  |       | - |
| Varicella (chickenpox) blood test (*please enclose copy if available)* | [ ]  | [ ]  |       |       |
| Varicella (chickenpox) vaccination 1st Dose | [ ]  | [ ]  |       | - |
| *(please supply documentary evidence of both vaccines)* 2nd Dose | [ ]  | [ ]  |       | - |

**PART E DECLARATION**

I declare that the information I have given on this form is true to the best of my knowledge and belief. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for enrolment or may be unable to continue with my course. I understand that in such cases where an opinion on any adjustment is required I will be contacted to discuss my abilities and the recommended adjustments.

I understand that medical details will not be divulged without my permission to any person outside of the Occupational Health Department but that an opinion about my fitness to study, including information about my clearance to undertake clinical work, will be given to the relevant college for their consideration.

Please tick the box if you consent to the above: [ ]

Print Full Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**PART F Returning the completed form.**

**DO NOT return this form to the admissions team it must be returned to Occupational Health ONLY (via the email below) as it is a medical confidential document.**

Email: occupational-health@swansea.ac.uk

(Please note, the University cannot guarantee secure transfer over email so attaching a password protected document is advised)

**Please ensure that you have completed all parts of the document before submitting it to the Occupational Health Department**

Completed questionnaire? [ ]

Vaccination record enclosed/attached? [ ]

**EXPLANATION NOTES FOR PROSPECTIVE STUDENTS**

**Note 1: Exposure Prone Procedures (EPP)**

These are procedures where the workers’ gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Occupations undertaking EPPs include surgeons (including FP1 and FP2 doctors with rotation into one of the EPP areas), dental staff, theatre staff, midwives, paramedics, podiatrists performing surgical techniques, A&E doctors and nurses. This list is not exhaustive as EPP clearance is based on risk assessment.

If you undertake EPP work and you suspect or know that you are a carrier of HIV, hepatitis B or hepatitis C you have a legal duty to inform Occupational Health. This also applies if you suspect that you may have been exposed to a blood borne virus.

**Note 2: TB status**

New students entering the UK from high risk countries (TB incidence rate > 40 in 100,000) should provide evidence of their TB status and will be required to undertake mantoux screening prior to commencing placement regardless of previous vaccination history according to NICE (2019) guidelines.

If you develop the following symptoms (compatible with TB): cough lasting longer than 3 weeks, fever, night sweats, weight loss, loss of energy, coughing up blood seek a medical opinion from your GP and contact Occupational Health.

**Note 3:** **Immunity**

All Healthcare workers/staff with patient contact are required to provide information relating to their immunity to TB, measles, mumps, rubella (MMR), chickenpox and hepatitis B.

If you come into contact or become symptomatic of a communicable infection contact Occupational Health for advice, or if out of hours, seek a medical opinion form your GP.

Posts are offered on the understanding that the applicant will comply with local requirements regarding immunisation and screening along with sharps and body fluid contact management.

**Immuno-compromised individuals**: If you are immuno-compromised (e.g. by steroids, HIV, medical treatment etc) it may be unsafe for you to:

* Have live vaccines
* Work in certain areas
* Perform some surgical/invasive procedures

If you become immuno-compromised during your employment, please notify Occupational Health in confidence.

**Measles, mumps and rubella (MMR):** The Joint Committee on Vaccination and Immunisatoin (JCVI) advises that the MMR vaccine is especially important in the context of the ability of staff to transmit measles, mumps or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own

benefit, they should also be immune to measles and rubella in order to assist in protecting patients. Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

**Varicella (chickenpox**)**:** Varicella vaccine is recommended for susceptible staff who have regular clinical contact with patients, are directly involved in patient care or who have social contact with patients but are not directly involved in patient care (e.g. receptionist, catering staff, ward clerks, porters and cleaners). For laboratory staff vaccination should be offered to susceptible (i.e. seronegative) individuals who may be exposed to varicella virus in the course of their work in virology laboratories.

Those with a definite history of chickenpox or herpes zoster can be considered protected. Healthcare workers with a negative or uncertain history of chickenpox or herpes zoster should be serologically tested and vaccine only offered to those without the varicella zoster antibody. Satisfactory evidence of protection would include a history of chickenpox/herpes zoster **or documentation of having received two doses of varicella vaccine or having had positive antibody test.**

MacMahon *et al*. 2004 showed that a history of chickenpox is a less reliable predictor of immunity in individuals born and raised in tropical or subtropical climates and routine testing should be considered regardless of a positive history of past infection.