**SECTION 1: THIS SECTION TO BE COMPLETED BY LINE MANAGER**

|  |  |  |  |
| --- | --- | --- | --- |
| Prospective Post  |  | Directorate of Post  |  |
| Post Ref  |  | Manager Name  |  |
|  |  | Manager E-mail Address  |  |
| Department  |  | Manager Phone No |  |
| Number of Hours  |  |  |
| **The job will involve: please mark all relevant boxes as F or N or O (Frequently / Never / Occasionally)**  |
|  | Exposure Prone Procedure (EPP) |  | Chemical Handling |   | Manual Handling |
|  | Haemofiltration / [Haemodialysis](https://www.google.co.uk/search?q=Haemodialysis&spell=1&sa=X&ved=0ahUKEwiFzaKpgbnWAhVJKMAKHcwgALYQvwUIIygA) |  | Moving & Handling of Patients / Donor Specimens |   | Working in Clean Room |
| **Statutory Health Surveillance:** |  | Shift Work |  | Other (please specify): |
|  | Frequent hand washing / ’wet work’ (20 or more hand cleansing events per shift) |  | Driving – Patients |  | Driving between sites |
|  | Noise; Vibrating tools; Working at heights; Extreme Temperatures; confined spaces |  | Driving – Large Van / HGV |  |  |
|  | Display Screen Equipment User  |  | Bank Work |  |  |
|  | Clinical Care of Patients |  | Food Handling |  |  |

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| --- | --- |
| Recruitment Contact / Phone No: |  |
|  |  |
| Starting Date:  |  |

**SECTION 2: PERSONAL INFORMATION**

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| --- | --- | --- | --- |
| Surname  |  | Home Telephone No  |  |
| Forename(s)  |  | Mobile No |  |
| Previous Name(s)  |  | E-mail  |  |
| Address  |  | Family Doctor  |  |
|   |   | Doctor’s Tel No  |  |
| Postcode  |  | Address  |  |
| Date of Birth  |  |  |  |
| Country of Birth NI Number  |  | Postcode  |  |

**SECTION 3: EMPLOYMENT HISTORY**

To assist us when organising your occupational health care, please list your previous jobs below, present position first. Include any information about special hazards or risks to which you have been exposed.

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| **Job Title** | **Employer / Training Organisation** | **From / To** |
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|  Have you had 10 or more continuous sick days in the last three years ? Please give episodes and duration below |
|  |

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| --- |
| 1. Do you currently have any illness / impairment / disability (physical or psychological) which may affect your work? If **yes**, please give details below. Yes [ ]  No [ ] Do you think you may need adjustments to help you do the job?If **yes**, please give details below. Yes [ ]  No [ ]  |
| 2. Are you having, or waiting for treatment (including medication) or investigations at present? If **yes**, please provide further details of the condition, treatment and dates below. Yes [ ]  No [ ]  |
| 3. Do you have any of the following?: 1. Alcohol dependency or misuse Yes [ ]  No [ ]
2. Drug dependency or misuse (prescription or recreational) Yes [ ]  No [ ]
3. Any history of skin problems or allergies Yes [ ]  No [ ]

 If **yes**,for any of the above, please give details below.       |
| 4. a)Have you ever been diagnosed with a TB infection? Yes [ ]  No [ ] Details:      b) Have you ever had contact with someone with a TB infection? Yes [ ]  No [ ] Details:      c)Have you ever had a BCG vaccine? Yes [ ]  No [ ] Details: d)Have you ever had a TB skin test (e.g. mantoux, heaf, tine)? Yes [ ]  No [ ] Details:      e) Have you ever had a TSpot Test or a Quantiferon Gold Test? Yes [ ]  No [ ] Details:      f)Have you been out with the UK in the past 3 months? Yes [ ]  No [ ] Details:      g) Have you experienced any of the following recently: Night Sweats? Yes [ ]  No [ ] Details:      Unexplained Weight Loss? Yes [ ]  No [ ] Details:      Persistent Productive Cough? Yes [ ]  No [ ] Details:      Fever? Yes [ ]  No [ ] Details:      h) Have you ever had an abnormal Chest X-Ray? Yes [ ]  No [ ] Details:        |
| 5. Is there any other health issue you would like to discuss with Occupational Health? Yes [ ]  No [ ]   If **Yes**, please give details below:      |

**SECTION 4: HEALTH**

**SECTION 5: IMMUNISATIONS AND IMMUNITY TESTING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Yes** | **No** | **Dates** | **Results Attached** |
| Can you provide documented evidence of immunity to mumps, measles and rubella  |  |  |  |  |
| Hepatitis B vaccination (Primary Course)  |  |  |  |  |
| Hepatitis B Antibody testing  |  |  |  |  |
| Hepatitis B Surface Antigen testing  |  |  |  |  |
| Hepatitis C Antibody testing  |  |  |  |  |
| HIV Antibody testing  |  |  |  |  |
| Evidence of BCG vaccination / scar from GP / OHS / previous employer  |  |  |  |  |
| Mantoux or Heaf testing  |  |  |  |  |
| Interferon Gamma testing  |  |  |  |  |
| Chest X Ray  |  |  |  |  |
| Diphtheria / Whooping cough  |  |  |  |  |
| Have you ever had chicken pox / shingles?  |  |  |  |  |
| Chickenpox / Shingles Antibodies  |  |  |  |  |

**If you do not provide this information or attend any associated appointments with Occupational Health, this will result in notification to HR of your failure to comply with this aspect of your recruitment process.**Exposure Prone Procedures (EPP) are those procedures where the worker’s 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.If you are unsure about your EPP status, please contact the OH Team on EPP staff MUST provide documentary evidence of hepatitis B status. Documentary evidence of hepatitis C and HIV status is also required for staff undertaking EPPs for the first time. This must be an identified validated sample (IVS). Blood tests must have been done in a UK lab. Health clearance for EPP work cannot be given until these results have been received and processed by the OH team. IT IS YOUR RESPONSIBILITY TO ENCLOSE YOUR MOST RECENT CERTIFICATES OR LABORATORY REPORTS.IF RESULTS ARE NOT AVAILABLE YOU WILL BE TESTED IN THIS DEPARTMENT AND HEALTH CLEARANCE FOR EPP WORK WILL BE DELAYED UNTIL THESE RESULTS ARE PROCESSED. You will be asked to show formal photographic ID i.e. valid driver’s licence, passport or NHS ID for this procedure. This is to comply with the Department of Health’s standard for Identified Validated samples (IVS).  |

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| **Pre-Employment Blood Borne Virus Testing**As part of Scottish Government Guidance we offer testing for Hepatitis B, Hepatitis C and HIV for new health care workers in the NHS. Please indicate if you would like to have these bloods taken and we will arrange this for you after you take up post.Yes [ ]  No [ ] Please note if you work in an EPP role, e.g. midwifery, medical / nursing staff in A&E, Theatres and Renal then this testing is mandatory and you will be given an appointment. |

**SECTION 6: DECLARATION TO BE COMPLETED BY ALL APPLICANTS**

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| I confirm that the information I have provided on this form is complete and true. I understand and acknowledge that if I knowingly falsify or wilfully provide misleading information on this form, this may form grounds for either the rejection of my application or my dismissal from the organisation after I have been employed.* I consent to undergoing a health assessment if this is deemed to be required.
* I agree to inform the OHS of any changes to my health that may affect my ability to work.
* I understand that it is my responsibility to notify the OHS if I have been diagnosed with a serious communicable condition like HIV, Hepatitis C or Hepatitis B and to comply with the advice of the Occupational Health Physician / Nurse regarding seeking the appropriate treatment and modification to my practice, as required.
* I understand that my personal details will be handled and stored by the OHS in accordance with the General Data Protection Regulation (2018)
* I \*give / refuse consent for the Occupational Health Service **(delete, as appropriate)**:
* To request the transfer of my previous Occupational Health Records to my new NHS employer’s OHS, if required.
* To obtain my immunisation & screening results for any other NHS organisation.
* Transfer my immunisation & screening results to other NHS organisations where I am working, where I intend to work, be on placement or part of a rotational training post.
* I understand that my personal details will be handled and stored by the OHS in accordance with General Data Protection Regulation (2018)

If I have provided a mobile telephone number, I consent for OHS to communicate with me by use of text messages regarding my appointments with the service.**Name:** ................................................................ **Signature:** ................................................. **Date:** ........................ |

**Once completed email this directly to:** **hdf.generic@ggc.scot.nhs.uk**