Occupational Health Assessment Form

First Name:			Surname:		
Email Address:			Mobile No:		
Date of Birth:		Gender:	M F	Alias:	
Home Address:					

GP Name & Address:	
GP Phone No:	

Next of Kin:		Phone No:	

Present and Previous Employment History

(Please provide details of your last three posts, starting with your present or most recent post.)

Grade	Specialty	Hospital / Employer	Start Date	End Date

Sickness Absence

(Have you lost time from work or education due to sickness absence in the past two years?)

Reason for Absence	Start Date	End Date	Days Total

Global Medics

Q1. Are you having or awaiting any treatment (including medications) or investigations at present?				
Yes		No		*(If answered yes, please give detail.)*
Detail:				

Q2. Have you had a medical condition or operation in the past five years?				
Yes		No		*(If answered yes, please give detail.)*
Detail:				

Q2a. If you have declared a condition, is it currently well managed and controlled?					
Yes		No		N/A	

Q3. Do you now or have you ever suffered from addiction or a mental disorder? (Including depression, anxiety, self-harm, eating disorder, psychological or emotional problems.)				
Yes		No		*(If answered yes, please give detail.)*
Detail:				

Q4. Have you received work adjustments during previous employment/education?				
Yes		No		*(If answered yes, please give detail.)*
Detail:				

Q5. Have you previously had a Chickenpox or Shingles infection? (Varicella-Zoster Virus)				
Yes		No		*(If answered yes, please give detail.)*
Detail:				

Q6. TB Questionnaire *(If answered yes to any parts (a) to (f), please give detail.)*	Yes	No
(a) Have you had a cough which has lasted for more than 3 weeks in the last year?		
(b) Have you experienced unexplained weight loss in the last year?		
(c) Have you experienced unexplained fever in the last year?		
(d) Have you coughed up blood in the last year?		
(e) Have you had TB or been in recent contact with TB?		
(f) Have you visited a TB High Incidence Country for greater than 3 months within the last 5 years? *		
(g) Do you have a BCG Scar?		
(h) Have you previously received the BCG Vaccination?		
Detail:		

* A list of TB High Incidence Countries can be found here:
https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

Have you previously been vaccinated against Hep B?				
Yes		No		*(We will also require vaccination records / serology testing for your file.)*
Dates of Primary Course	Dose One	Dose Two	Dose Three	
	Month and Year (min.)	Month and Year (min.)	Month and Year (min.)	

Please Tick One of the Following Options	
I am not aware of any health condition or disability that might affect my ability to undertake effectively the duties of the position I am seeking and currently require no adjustment to my work environment.	
OR	
I do have a health condition or disability that may in some way affect my ability to undertake effectively potential duties of the position I am seeking, and that might require special adjustments to my duties, hours or place of work.	

Applicant Declaration regarding full and factual disclosure.			
I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my health assessment form.			
Signature:		Date:	

Applicant Declaration regarding GDPR obligations and information confidentiality.			
I understand that the medical information given by me in this form is confidential to Global Medics and their appointed Occupational Health Partner company ACI Training & Consultancy Ltd. A Fitness to Work Certificate will be produce using the above information in conjunction with my provided serology results. This Fitness to Work Certificate may be shared with medical manpower as appropriate when applying for locum positions but will not be disclosed to any other person without my explicit consent. Global Medics' Occ Health Partners, ACI Training & Consultancy Ltd, are legally bound to comply with the General Data Protection Regulations and subsequent Data Protection Bill. In order to process your data and to produce a Fitness to Work Certificate we require your explicit consent. I consent for ACI Occupational Health department to process the data contained herein this confidential health assessment form for the purpose of Fitness to work Certification.			
Signature:		Date:	