the LocumPractice
a pario group company

Healthier Business UK Ltd
OCCUPATIONAL HEALTH

AGENCY WORKER MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician.

Personal Details:

Title: **First Names:** **Surname:** **Date of Birth:** / /

Home Tel: **Work Tel:** **Mobile:**

Home Address: **GP Address:**

Medical History:

All staff groups complete this section

	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		
Do you think you may need any adjustments or assistance to help you to do the job?		

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Tuberculosis

(If you have answered yes to any questions above please provide additional information below)

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

If you answered no above, please list all of the countries that you have lived in over the last 5 years:

Have you had a BCG vaccination in relation to Tuberculosis?		

If you answered yes please state when - Date: / /

Tuberculosis Continued

Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	☐	☐
Unexplained weight loss	☐	☐
Unexplained fever	☐	☐
Have you had tuberculosis (TB) or been in recent contact with open TB	☐	☐

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles

Have you ever had Chicken Pox or Shingles?

☐ Yes ☐ No

Date: / /

Immunisation History

	Yes	No	Date
Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)	☐	☐	/ /
Polio	☐	☐	/ /
Tetanus	☐	☐	/ /
Hepatitis B (If Yes is ticked please give dates below)	☐	☐	
Course: 1 / /	2 / /		3 / /
Boosters: 1 / /	2 / /		3 / /

Proof of Immunity (Please send the following)

- **Varicella -** You must provide a written statement to confirm that you have had chicken pox or shingles however we **strongly advise** that you provide serology test result showing varicella immunity
- **Tuberculosis -** We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result **(Do not Self Declare)**
- **Rubella, Measles & Mumps -** Certificate of **"two"** MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps
- **Hepatitis B -** You must provide a copy of the most recent pathology report showing titre levels of 100Iu/l or above

EPP Candidates Only (Please send the following)

- **Hepatitis B Surface Antigen -** Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
- **Hepatitis C -** Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
- **HIV -** Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Exposure Prone Procedures

Will your role involve Exposure Prone Procedures ☐ Yes ☐ No

Declaration

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I give consent for the Locum Practice Ltd to disclose my personal details to Healthier Business UK Ltd as their appointed occupation health service provider and for Healthier Business UK Ltd to make recommendations to my employer.

Name: _____ **Signed:** _____ **Date:** / /