

WORK HEALTH ASSESSMENT FORM



Please answer the below questions regarding your health, their purpose is to ensure that the Council does not endanger your Health, Safety or Welfare as a part of this appointment as far as it is reasonably practicable. The Council is committed to equality and diversity, promoting an inclusive culture for its entire staff and the communities it serves.

Once you complete this form, please return it to the Recruitment Team in the return envelope provided.

The information contained on this form will be confidential within Human Resources and Surrey County Council's Occupational Health Provider. Please ensure that you sign and date the form and be aware that intentionally providing false or incorrect information may result in your offer of appointment being withdrawn or your employment contract terminated.

Title: _____ Full Name: _____

Date of Birth: _____

Address: _____

Contact Telephone Number: _____

Job Title: _____

*Please tick
as appropriate*

Having examined the job profile and discussed the requirements of the position with the recruiting manager:	Yes	No
1. Do you believe that you have any condition or long standing impairment that could prevent you from performing this role?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you need any special aids / adaptations to assist you at work, whether or not you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you at present having, or waiting for, medical treatment or investigations of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any health problems which may have been caused, or made worse by work ?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____ Date: _____

Did you reply:

Then please:

'YES' TO **ANY** QUESTIONS?

- Please return this form to the Recruitment Team
- Please complete Surrey County Council's Online Health Questionnaire (instructions attached)

'NO' TO **ALL** QUESTIONS?

- Please return this form to the Recruitment Team

Online Health Questionnaire Instructions

If you do not have access to the internet please contact us on **020 8541 9000**, for a paper version of the Work Health Assessment to be sent to you in the post.

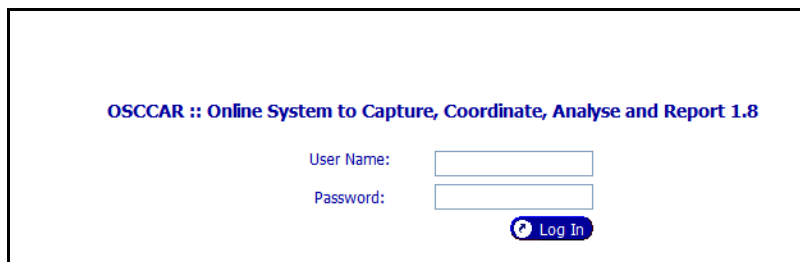
If you replied 'Yes' to any of the questions on the declaration attached, please follow the instructions below as we would like you to participate in a work health assessment with our Occupational Health provider. The purpose is to assess the support and adjustments that you may need.

As part of the questionnaire you will be asked which Directorate you are to join. You will find this information on the job profile or description. Please contact the number above if you need advice.

Go to the website: www.whatrisk.com/osccarssl (ALL lowercase letters)

Please note that the website must be accessed via Internet Explorer only with the pop up blocker turned off.

You will be presented with the following view:



OSCCAR :: Online System to Capture, Coordinate, Analyse and Report 1.8

User Name:

Password:

[Log In](#)

Enter the following User Name:- **surrey**


Enter the following Password: **health1**

And select [Log In](#)

Please select the company name **Surrey Council** from the 'Client' drop down option

Please select the **Surrey Health Questionnaire** and select [Create](#)



 **SURREY**
COUNTY COUNCIL

Report a Questionnaire

Client:

Form Name:

[Create](#)

- The form will open in a new window.
- Please answer all the questions to the best of your ability, using the [Next Section](#) button to navigate between sections.
- All fields on the questionnaire are mandatory.
- If any of the questions do not apply, please enter N/A. If you fail to answer any of the mandatory fields, you will be unable to submit without first completing them. You will be able to identify the relevant fields as the system will display a prompt in bold red text directly underneath the relevant field(s).
- On completion of the form – please select [Submit](#).