

PRE ENTRY OCCUPATIONAL HEALTH QUESTIONNAIRE

All students starting Medicine at The University of St Andrews must complete the attached form and return it to the address below as soon as possible but not later than three weeks prior to the start of pre-sessional week.

Completed forms should be sent to:

Pre-entry Occupational Health Questionnaire
School Office
School of Medicine
North Haugh
St Andrews,
Fife. KY16 9TF
United Kingdom

Questions should be addressed to: medclinical@st-andrews.ac.uk

Advice

- Please complete the attached form as fully as possible. If you have any doubts about certain questions, there will be an opportunity to discuss the contents with an occupational health staff member early in the course.
- Postal address: this should be the address that the applicant currently resides at.
- Remember to sign the Declaration at section 6 on page 5.

Student Pre- Placement Health Questionnaire

Confidential Health Questionnaire, please read and complete the following form:

Please complete the following form as fully as possible.

The information in this form will be kept strictly confidential within the Occupational Health Service of OHSAS and will not be used or disclosed to any other person without your consent. This completed form is a confidential document and should be returned to OHSAS using the process outlined by the university.

Section 1: Your personal details

Surname:	Date of Birth:
First Name(s):	Sex (please circle) M F
Maiden Name:	
Full Postal Address:	
	Postcode:
Home Telephone:	Home email:
Mobile Number:	
Prospective Course Title:	BSc (Honours) Medicine
Prospective University:	University of St Andrews

Section 2: Present and previous employment including NHS employment

Job Title	Employer Address	From	To	Reason for leaving

Attended Stirling / Abertay / St Andrews / Dundee University – Medical or Nursing School Yes No (please circle)

Section 3: Sickness absence

Have you had time off from work or education in the last 2 years due to illness?

Date and length of Absence	Reason for absence

Section 4: Health and ability questions

Please tick the appropriate box for the following questions and give details as fully as you can. If the answer to any of the following questions is “**yes**” please give details, including dates where relevant.

Please note that if any information is false or has been deliberately omitted, you may be regarded as ineligible for your course.

		YES	NO	Please give details/ full answer
1.	Do you have, or have you ever had, any medical conditions or operations? (including serious infections)			
2.	Have you ever received or are you receiving any treatments such pills, ointments, tablets, inhalers, injections, self-medication, homeopathy, physiotherapy or any other treatment or therapy?			
3.	Have you ever suffered a work-related illness, or given up work because of ill health?			
4.	Have you ever had any physical limitation which might affect your ability to work? (including vision or hearing)			
4a.	If yes, have you had any workplace adjustments for this during previous / current employment or voluntary work?			
5.	Have you ever had any kind of back, joint, bone or muscle problem?			
6.	Do you have or have you ever had:			
	a. A skin problem?			
	b. Any allergies?			
	c. A cough that lasted for more than 3 weeks?			
	d. Unexplained weight loss?			
	e. Unexplained fever?			

		YES	NO	Please give details/ answer
7.	Have you ever had any mental illness of any sort which might affect your ability to work in any way? (including anxiety, depression, psychosis, self-harm, eating disorders, psychological or emotional problems)			
7a.	If yes, have you had any workplace adjustments for this during previous / current employment or voluntary work?			
8.	Have you ever had any kind of drug, substance or alcohol problem/ misuse of any sort?			
9.	Have you returned from living or working in an area of the world where you have been exposed to serious infectious diseases such as open TB, Hepatitis B, C or HIV since your last job in the UK or are you new to the UK?			<i>If yes, please list which countries?</i>
9a.	Have you been in paid employment in the NHS before August 2008?			<i>If yes, where?</i>
10.	Are you currently waiting for investigations / treatment/ surgery or other intervention at present?			
11.	Do you wish to discuss any health issues with a member of the Occupational Health Team?			

Offer of blood tests for standard health clearance: If you are **new** to working in the NHS from August 2008 and will have direct “hands on” clinical contact with patients, you are being offered the opportunity to have your blood tested for certain blood borne viruses (including HIV and Hepatitis C) if you wish. Whether or not you take up this offer will not influence your fitness for the course (unless your course requires you to be screened for EPP duties, in which case additional health clearance checks will be required or evidenced. This is explained on next page).

This offer is made according to the Scottish Government Guidance “Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with direct clinical contact with patients, 2008”

I wish to take up the offer of blood test (please indicate): Yes / No

Section 5: Immunity and Immunisation Status (communicable diseases screening):

All healthcare workers with patient contact should provide evidence to show immunity to TB, Measles, Rubella (german measles), Varicella (chicken pox), and Hepatitis B. In addition, doctors, dentists, nurses, midwives, ambulance technicians and others undertaking exposure prone procedures (**EPPs***), are required to provide evidence of having undergone validated (**IVS****) blood test to prove they are non-infectious for Hepatitis B, Hepatitis C and HIV viruses.

If you have this evidence please attach to this questionnaire. If you do not have this evidence an appointment will be arranged for you to attend OHSAS occupational health to undertake this screening. You will not be able to have patient contact until this screening is complete. If you are aware that you have any infectious disease or other health related condition that may impact upon your clinical contact with patients, you have a responsibility to discuss these with OHSAS clinical staff.

***Definition of Exposure Prone Procedures (EPPs):**

Those procedures where there is a risk that an injury to the worker may result in the exposure of the patient's open tissue to the blood of the worker – as result there would be a risk to the patient if the worker was a carrier of Hepatitis B, Hepatitis C or HIV. EPP workers require to provide IVS proof of their blood borne virus status.

Employees who may be involved in exposure prone procedures are:

- Medical staff in Surgical areas, Theatres, Accident and Emergency, Obstetrics and Gynaecology, ITU / CICU and renal units. This includes medical students and staff clinical attachments to these areas if they are undertaking EPPs duties.
- Trained Nursing staff in the above areas, including nursing and midwifery students.
- All Dentists and dental hygienists. All surgical Podiatrists.

****Definition of Identified Validated Samples (IVS):**

These are blood samples that must be taken by a UK NHS Occupational Health Service who has confirmed your identity by **checking photographic ID**, this includes a passport, photographic driving licence or a photographic ID card. The blood sample must be transported to the laboratory by agreed mechanisms and not taken by the healthcare worker. **You MUST bring Photographic ID to any OH appointment you are offered**

Laboratory reports: Please include copies of Laboratory results which must be from a UK recognised Laboratory for Hepatitis B, Hepatitis C and HIV.

Please complete all relevant boxes:

HEPATITIS B:		
I have had Hep B vaccination (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, complete the following boxes:		
Date(s) of Primary course:		
Hep B antibody level (anti-hep b):	Date checked:	Booster Due:
If Hepatitis B Markers have been tested, please record results in the boxes below:		
Core antibody (Anti-HepB c):	Surface antigen (HepB sAg):	'e' antigen (HepB eAg):
Viral load:	Date markers tested:	IVS evidence provided / attached?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
HEPATITIS C and HIV: If you have been tested, please record result below:		
Hepatitis C Virus Antibody	Hep C antibody result:	IVS evidence provided / attached?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
HIV Antibody	HIV antibody result:	IVS evidence provided / attached?
		YES <input type="checkbox"/> NO <input type="checkbox"/>

<i>Please complete all that is relevant, leave rest blank</i>	Date of disease (if relevant)	Result of blood/skin test to check immunity:	Date of blood /skin test or vaccination?
Chickenpox or shingles (varicella) NB Provide your evidence		<i>Blood test:</i>	<i>Date Blood test:</i> <i>Date Varicella 1st dose:</i> <i>Date Varicella 2nd dose:</i>
Rubella (German measles) NB Provide your evidence		<i>Blood test:</i>	<i>Date Blood test:</i> <i>Date MMR 1st dose:</i> <i>Date MMR 2nd dose:</i>
Measles NB Provide your evidence		<i>Blood test:</i>	<i>Date Blood test:</i> <i>Date MMR 1st dose:</i> <i>Date MMR 2nd dose:</i>
Tuberculosis (TB) NB Provide your evidence		<i>Skin/ Mantoux:</i> <i>Blood test:</i>	<i>Date Skin/ Mantoux:</i> <i>Date Blood test:</i> <i>Date BCG:</i>
BCG vaccination	Have you ever had a BCG vaccination? If yes, please provide evidence		Yes / No <i>Date BCG:</i>
BCG Scar check	Do you have a visible BCG scar? If yes, has this scar been viewed by NHS Occupational Health nurse? If yes, please provide evidence		Yes / No Yes / No
Date of last vaccination/ booster of:			
Polio			
Tetanus			
Diphtheria (Lab staff only)			

Section 6: Declaration by preferred candidate

I certify that the information given on this form is true and complete to the best of my knowledge. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible to continue with the course. I understand that medical details will not be divulged without my permission to any person outside OHSAS, but an opinion about my fitness for the course will be given to the university including any advice on adjustments, modifications or restrictions as may be deemed necessary as a result of the OHSAS occupational health assessment.

I agree to an Occupational Health record being kept recording my health while at work.

Name in capitals:		Signed:	
Designation (Mr/ Mrs/ Ms/ Dr/ Prof. etc.)		Date:	

On occasions, but not in every case, it might be helpful for us to obtain past medical or immunisation details as held by a previous NHS occupational health service or your General Practitioner. It would be of assistance to OHSAS, *if this is required*, to have your written consent for us to do this. We would let you know why we wanted to do this before we asked for the information.

I agree that the Occupational Health Service can obtain (please tick relevant boxes)

1. My Occupational Health record from any other NHS Organisation ☐

2. My immunisation and screening results from any other NHS Organisation / my GP ☐

Please fully complete the table below:

Name of previous occupational health provider / service	
Address	
GPs name	
GPs Address	
Your date of birth:	
PRINT your name:	
Signed	Date

Thank you for completing this OHSAS health assessment form.

Should you require this form in a community language or the information contained in the form transcribed into an alternative format such as Braille, or Large Print, Audio etc. or should you require the services of a British Sign Language interpreter and an advocate to act on your behalf, in the first instance please contact your prospective university.