

CONFIDENTIAL

Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician with gained consent. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties.

Personal Information			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Changes to your health	
Please ensure to tick one box only	
I confirm that I have reviewed my health questionnaire and there has been no changes to my health in the past year	<input type="checkbox"/>
I confirm that I have reviewed my health questionnaire and I have listed the changes below	<input type="checkbox"/>

Medical History		
Have you come into contact with any BBV's (Blood Bourne Virus) since you were initially screened by Occupational Health including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical History (continued)			
Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)			
clostridium difficile (C-Diff)			

If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.</p>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please state when	Date:	

Tuberculosis Signs & Symptoms		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

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

The General Data Protection Regulation (GDPR) (EU) 2016/679
<p>All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician, however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP, Specialist's or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), withdrawal of consent and refusal of consent without detriment. The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation.</p>

Recommendations	
I understand that following this assessment, recommendations may be provided to assist my health at work;	
I give consent for the Healthier Business UK Ltd to make recommendations and for my employer/agency to provide these recommendations to my placement	<input type="checkbox"/>
I would like to see a written copy of any recommendations Healthier Business UK Ltd may make before my employer/agency provide them to my placement	<input type="checkbox"/>

Declaration						
<p>I will inform my employment agency if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.</p> <p>I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Signature</th> <th style="width: 33%;">Date</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Signature	Date			
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