



Occupational health form

PRIVATE AND CONFIDENTIAL

Please complete this form and return it to HRI Ltd. All the information on the form will be **STRICTLY CONFIDENTIAL**.
Please complete this form in as much detail as possible and return to HRI Ltd to prevent any delay with your application.

PERSONAL DETAILS

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____

ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____

EMAIL _____

GP'S NAME _____ ADDRESS _____ PHONE _____

QUALIFICATIONS _____

SPECIALITY _____

PREVIOUS OCCUPATIONS WITH DATES (IF KNOWN) FOR THE 5 YEARS:

MEDICAL HISTORY

Please answer all of the following questions. If you answer **YES**, please give details in the space provided below.

Have you ever had or do you have now, any of the following?	Yes	No	Don't know
1. Impairment which may affect your ability to work safely?			
2. Eyesight problems not corrected with glasses/contact lenses?			
3. Hearing problems not corrected with a hearing aid?			
4. Difficulty in standing, bending, lifting or other movements?			
5. Are you waiting for any treatment or investigations?			
6. Any kind of skin problem?			
7. Any kind of back problem?			
8. Any kind of problem with your joints including pain, swelling or stiffness?			
9. Have you ever suffered discomfort when using a computer keyboard?			
10. Any mental illness or psychological problems e.g.. depression, nervous breakdowns?			
11. A drug or alcohol problem?			
12. Fits, blackouts or epilepsy?			
13. Any allergies?			
14. Asthma, bronchitis or chest problems?			
15. Treatment for Tuberculosis (TB)?			
16. In the last twelve months have you had a cough for more than 3 weeks, ever coughed up blood or had any unexplained loss of weight or fever?			
17. Hepatitis or jaundice?			
18. Diabetes, thyroid or gland problems?			
19. Any illness which may have been caused or made worse by your work?			
20. Episodes of chest pain or breathlessness?			
21. Suffer from heart disease or high blood pressure?			
22. Dysentery, typhoid, paratyphoid, fever, food poisoning, salmonella, severe gastroenteritis or diarrhoea			
23. Are you at present taking or receiving any form of medication?			
24. Any operations?			
25. Are you currently under the care of the doctor or therapist or receiving investigation, treatment, medication or counselling at present?			
26. Been retired from work on the grounds of ill health?			
27. Seen a doctor in the last year for any kind of health problems?			
28. Receiving any treatment or investigations of any kind at the moment?			
29. Any other medical conditions?			
30. Have you ever suffered from stress associated with work?			
31. Have you ever suffered from frequent headaches or episodes of migraine?			
32. Is there any additional relevant information regarding your health not covered in the above questions?			
33. Would you regard yourself as having a disability?			

SICKNESS ABSENCE

How many days have you lost from work during the past year?

What was this due to? (Please continue on a blank page if necessary)

LIFESTYLE

What is your height?

What is your weight?

Do you smoke?

If YES, how many per day?

Do you drink alcohol?

If YES, how many units per week?

What type of diet do you follow?

Do you take regular exercise?

What are your main hobbies or types of recreation?

IMMUNISATIONS

Certain jobs carry with them a risk of infection. As a HRI Ltd healthcare worker, you are required to have certain immunisations to prevent the risk of any infection. Please provide details below of your immunisation history. If you are required to attend the Occupation Health Department you should bring with you proof of identity e.g. passport.

	Yes	No	Don't know	Dates	Test Results
Immunisations					
TB test (Heaf, Tine, Mantoux)					
BCG (TB Vaccinations)					
If No, do you have evidence of BCG scar?					
Tetanus					
Poliomyelitis					
Rubella (German Measles)					
Hepatitis B (date of last immunisation)					
Meningitis A & C (PICU, NICU, SCBU only)					
Blood Test Results					
Hepatitis B					
Rubella (German Measles)					
Varicella (Chicken Pox)					
Have you ever had chicken pox?					
Other					
Copies of certificates/lab reports to be enclosed where possible					

HIV/AIDS

HRI Ltd operates a policy of non-discrimination. In line with the National Guidelines 'HSC 1998/226 – Guidelines on the Management of AIDS/ HIV Infected Healthcare Workers and Patient Notification' (updated August 1999), you must inform Occupational Health if you know or suspect you are HIV positive or have an AIDS defining illness. This information is necessary in order that at a Risk Assessment may be undertaken, by Occupational Health, of your safety and that of others.

If you know or suspect you are either HIV antibody positive or have AIDS please tick the appropriate box. This information is absolutely confidential to the Occupational Health Department.

Yes No

NIGHT WORKERS

Have you suffered from and been treated for any of the following. If YES, please give details of the condition and whether they are ongoing.

	Yes	No
Blackouts/fainting fits/epilepsy		
Back or limb disorders		
Diabetes		
Heart or circulatory disorders		
Stomach, bowel or intestinal disorders		
Any conditions affecting sleep		
Asthma, bronchitis		
Anxiety, depression		
Nervous or mental disorders		
Serious operation/accident or injuries		
Do you have any other on-going health problems?		
Are you currently taking drugs or medicines prescribed by a Doctor or purchased from a pharmacy? If so, please give the name of the drugs and dosage.		
Do you consider that you have any form of medical condition that may affect your ability to work at night?		
Have you ever felt that night work was harming your health?		



Head Office:

Rowlandson House, 289/293 Ballards Lane, Finchley, London N12 8NP, England

T 0044 20 8343 8551 F 0044 20 8446 1963 M 0044 7977 403248