

CONFIDENTIAL WORK HEALTH ASSESSMENT: ANNUAL RENEWAL (Previous FTW to be supplied with this)

Your answers to this questionnaire will be **CONFIDENTIAL** to ACI Training & Consultancy Ltd and will not be given to anyone else without your written permission.

Please help us to help you by completing the questionnaire as fully as possible. Please complete this form in BLACK pen / typeface and block capitals

Title:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname:	First Name:	
Previous Names:	Date of Birth:	
Proposed Job Title:	Grade:	
Speciality:	Email address:	
Home Address:	GP Practice Address:	
Post Code:	Are you new to the NHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile	Home Tel:	
GP Name:	GP Phone Number:	

Clinical diagnosis and management of TB, and measures for prevention and control (NICE 2016) – ALL CANDIDATES MUST COMPLETE THIS SECTION.

Have you lived outside of the UK within the last 5 years for three months or more? This includes holidays for three months or more? Yes No

If YES, please list all of the countries that you have lived in over the last 5 years and the dates – please include visits/holidays of three months or more duration.

ALL STAFF GROUPS TO COMPLETE THIS SECTION:

- Do you have any illness/impairment or disability (physical or psychological) which may affect your work?
Yes No If yes please give details on a separate sheet
- Have you ever had any illness/impairment or disability which may have been caused or made worse by your work?
Yes No If yes please give details on a separate sheet
- Are you having, or waiting for treatment (including medication) or investigations at present
Yes No If yes please give details on a separate sheet
- Do you think you may need any adjustments or assistance to help you to do the job?
Yes No If yes please give details on a separate sheet
- Do you have any of the following:
 - A cough which has lasted for more than 6 weeks? Yes No
 - Unexplained weight loss? Yes No
 - Unexplained fever? Yes No
 - Have you had TB or been in recent contact with TB? Yes No

STAFF IN CONFIDENCE WHEN COMPLETE

ONLY HEALTHCARE WORKERS INVOLVED IN PATIENT CARE / PATIENT CONTACT / BODY FLUID SAMPLE HANDLING COMPLETE THIS SECTION (INCLUDING LABORATORY WORKERS) i.e. EXPOSURE PRONE PROCEDURES

	YES	NO
Have you ever tested positive for HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever tested positive for Hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever tested positive for Hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare workers have a legal duty to inform the ACI Training & Consultancy Ltd. if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I give permission for a member of the occupational health team to communicate with my own general practitioner, or any other health professional, if further information is required and for that GP or healthcare professional to give details of my clinical condition or other relevant information to the OH advisor/physician at the ACI Training & Consultancy Ltd.

I understand that I shall be contacted to obtain my fully informed consent **before** any report is requested and that under the Access to Medical Reports Act, 1988:

- I have the right to see the report before it is sent.
- I am entitled to ask the doctor to amend or modify information which I consider is inaccurate.
- I have 21 days from notification to seek access to the report.

*I wish to seek access to this report/I do not wish to seek access to this report

(Please delete as appropriate)

Signed _____ Date _____

I understand that if any recommendations to my employer are necessary as a result of this Work Health Assessment, the ACI Training & Consultancy Ltd. will discuss the recommendations with me before making them to my employer.

*I give consent for the ACI Training & Consultancy Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first.

OR _____

*I would like to see a written copy of any recommendations the ACI Training & Consultancy Ltd may make to my employer before they are sent to my employer.

* delete one of the above statements before signing below.

Signed _____ Date _____