

Luton and Dunstable University Hospital NHS Foundation Trust

Occupational Health Information

Please complete the attached health questionnaire.

Please read the following two statements and select the statement that applies to you:

- “I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the work placement which I have been offered” (Complete form in appendix F only)*

Or

- “I do have a health condition or disability which might affect my work and which might require special adjustments to the work placement or at the place of the work placement”*
(Complete forms in appendices F and G)

Name:

Signature:

Date:

Post:

APPENDIX G

OCCUPATIONAL HEALTH

Health Declaration

For Control of Infection purposes we would be grateful if you could complete the following short declaration and questionnaire. Please return the completed form to your Work Placement Manager. Alternatively, you may request that **only** the Occupational Health Department see the contents of your questionnaire in which case your form should be placed in a sealed envelope and delivered to the Occupational Health Department. Your Work Placement Manager will be able to arrange this for you.

I (insert name)..... declare that so far as I am aware I am not currently suffering from any infectious disease e.g. chickenpox, mumps, measles etc. that might be transmitted to patients and / or hospital staff. I have not been advised to avoid patient contact. Should my health change I will ensure that I inform my Work Placement Manager.

Please answer the specific questions below (please circle):

Have you ever had tuberculosis (TB) or been treated for suspected TB in the past?

Yes

No

Have you had either a persistent cough of more than three weeks duration or a recurring cough over the last 12 months?

Yes

No

Have you had any night-time sweats e.g. had to change nightwear or bed linen, in the last 12 months?

Yes

No

Have you lost weight over the last 12 months without deliberate attempts to do so e.g. through dieting?

Yes

No

I have no medical condition(s) nor am I taking any medication that would interfere with my ability to safely observe work in a clinical area or any surgical or medical procedure to which I have been invited to observe.

I am aware that I can discuss any concerns about my health that might affect my ability to undertake this visit, in confidence, with the Trust's Occupational Health Department on (01582) 497226 or ext. 7226.

Cont. over...

I understand that to make a false declaration will jeopardise any future visits to the Luton & Dunstable Hospital or potential future employment.

| | |
|--|--|
| Signature of work experience student | |
| Name in capitals | |
| Contact tel. no. (in case Occupational Health need to speak to you) | |
| Date | |

Note: if any response above circled YES please refer to Occupational Health

OCCUPATIONAL HEALTH USE ONLY

Form viewed by

| | |
|------------------|--|
| Signature | |
| Name in capitals | |
| Date | |

(Please circle)

Satisfactory

Refer to Occupational Health

The form (if satisfactory) should be kept on file unless the work experience student has elected for it to be forwarded to Occupational Health.

APPENDIX H

LUTON & DUNSTABLE HOSPITAL OCCUPATIONAL HEALTH DEPARTMENT – ADDITIONAL INFORMATION FORM

Please answer ALL questions by ticking Yes or No. If you answer 'Yes', please give details in the space provided, or continue below or on a separate sheet of paper.

| | | |
|--|---|--|
| Do you need any special aids / adaptations / adjustments to assist you, whether or not you consider yourself to have a disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever been retired from work for health reasons? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever failed a medical examination or had special medical restrictions imposed e.g. life insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you currently attending, or waiting to attend a hospital, or other health facility for treatment or surgery? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you currently under medical supervision e.g. seeing your GP? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you currently take any form of medication on a <u>regular</u> basis? (excluding contraceptive medication). | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever had health problems, which may have been caused by, or made worse by school/college/work (this includes 'stress')? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| During the past 12 months, have you been absent from school/college/work due to illness or injury for a period of two weeks or more? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| During the last 12 months have you had three or more periods of absence from school/college/work, related to ill health? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Additional information: