#### STRICTLY PRIVATE AND CONFIDENTIAL

**PRE-EMPLOYMENT HEALTH DECLARATION**

**Section A – Must be completed by Appointing Officer before questionnaire is given to applicant, with envelope marked ‘Private and Confidential’ and addressed to: Occupational Health Unit, Loansdean Building, Morpeth, Northumberland, NE61 2ED. OR SEND TO GENERIC EMAIL OHU ADDRESS.**

|  |  |
| --- | --- |
| Proposed position as per Job Description title (Full title, no abbreviations): | |
| Directorate: | Service/School: |
| Hours of work (contractual hours): | Newly Qualified Teacher/Social Worker: Yes  No |
| Name of Appointing Officer: | HR Contact: |
| To ascertain Health Surveillance requirements please indicate if this work involves:  Exposure to Noise  Exposure to chemicals/Dust/Fumes  Exposure to Vibration | |
| Does the work also involve any of the tasks below? Yes  No  If Yes, please indicate which:  Heavy Manual Handling  Work with Moving Machinery  Work at Heights  Working in Isolation  Display Screen Equipment Use  Night Work  Food handling  Driving Large Vehicles or Passenger Carry Vehicles (minibuses) | |

# Section B - All further sections to be completed by the Applicant

Your answers to this questionnaire will be CONFIDENTIAL to the Occupational Health Unit and will not be given to anyone else without your written permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by an Occupational Health Advisor. An appointment with the Occupational Health Physician may also be necessary. 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.

**Personal Details:**

|  |  |  |
| --- | --- | --- |
| Surname: | | Title: |
| Forename(s): | | Date of Birth: |
| Home Telephone: | | Mobile: |
| Home Address: | | |
| Postcode: | Email: | |
| Have you worked for Northumberland County Council in the last 5 years? Yes  No | | |

**Sickness Absence Record:**

|  |  |  |  |
| --- | --- | --- | --- |
| Please detail the number of days you have been absent from work (or school) in the last two years. Outline the reasons for absence, please state if these absent dates where due to a disability. | | | |
| How many days were you absent? | When was this? | Reason for absence: | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Have you any health problems which affect your ability to:** | | | **Answer** |
| Drive | | | Yes  No |
| Sit for long periods | | | Yes  No |
| Stand | | | Yes  No |
| Walk | | | Yes  No |
| Climb Stairs | | | Yes  No |
| Lift | | | Yes  No |
| Use Hands | | | Yes  No |
| Work at heights/ladders/Staging | | | Yes  No |
| Work in a noisy environment | | | Yes  No |
| Work with vibratory tools | | | Yes  No |
| **If you have answered ‘Yes’ to any of the above, please give details:**  Click here to enter text. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Current Medical Treatment** | **Answer** | | **Further details:** | | | |
| Are you attending a GP for treatment, attending a hospital for treatment or currently awaiting an appointment for treatment? | Yes  No | |  | | | |
| Are you receiving any prescribed medications (tablets, inhalers, creams, injections, etc.) at the moment? | Yes  No | |  | | | |
| Past Medical History | **Answer** | | **Further details:** | | | |
| Have you had to leave a job due to ill health or been medically retired? | Yes  No | |  | | | |
| Do you have, or have you ever had, any health condition which may have been caused, or made worse, by work? | Yes  No | |  | | | |
| Do you consider yourself to have a disability? | Yes  No | |  | | | |
| Have you ever been declined ill health benefits or told you would not be eligible for them? | Yes  No | |  | | | |
| Have you ever had any difficulties at work or in education as a result of a medical condition or learning difficulty (including autism, dyslexia, dyspraxia and Attention Deficit Hyperactivity Disorder – ADHD) | Yes  No | |  | | | |
| Equality Act 2010 A disability is defined by the Equality Act 2010 as “A physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. | | | | | | |
| Do you have a disability that may affect your ability to undertake the role which you have been offered or that requires special arrangements to be made to allow you to undertake the role? | | | | | Yes  No | |
| If yes, please tell us what adjustments, equipment or facilities you would require to enable you to perform the role:  Click here to enter text. | | | | | | |
| **Have you ever had any of the following?** | | | **Answer** | | **If yes, provide details** | |
| Allergies (including hayfever) | | | Yes  No | |  | |
| Frequent headaches or migraine's | | | Yes  No | |  | |
| Low or high blood pressure | | | Yes  No | |  | |
| Any other blood condition or disorder | | | Yes  No | |  | |
| Skin disorders such as eczema, psoriasis or skin rashes | | | Yes  No | |  | |
| Visual disturbances or defects such as blurred vision, colour blindness, scotoma, reduced visual field or blindness | | | Yes  No | |  | |
| Hearing or ear issues | | | Yes  No | |  | |
| Balance problems, vertigo, unexplained dizzy spells | | | Yes  No | |  | |
| Fits, blackouts, epilepsy, fainting or unexplained periods of unconsciousness | | | Yes  No | |  | |
| Nervous system diseases such as strokes, neuritis or multiple sclerosis | | | Yes  No | |  | |
| Lung issues such as pneumonia, emphysema, asthma or bronchitis | | | Yes  No | |  | |
| Malignancies or cancers | | | Yes  No | |  | |
| Unexplained breathlessness, chest pain, angina or heart disease | | | Yes  No | |  | |
| Bladder or Kidney conditions | | | Yes  No | |  | |
| Liver conditions such as jaundice or hepatitis | | | Yes  No | |  | |
| Metabolic conditions such as thyroid/adrenal gland disease or diabetes | | | Yes  No | |  | |
| Rheumatism, Arthritis, gout or similar | | | Yes  No | |  | |
| Infectious diseases | | | Yes  No | |  | |
| Stress related problems, anxiety problems, depression or mental breakdowns | | | Yes  No | |  | |
| Misuse of substances such as drugs, steroids or alcohol | | | Yes  No | |  | |
| Any surgical procedures or operations | | | Yes  No | |  | |
| Any other medical conditions, illness or disease | | | Yes  No | |  | |
| Do you have, or have you ever had, any kind of back, joint/limb or muscle problem? | | | Yes  No | |  | |
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| **Occupational Health Declaration/Consent Form** | | | |
| I declare that all the answers given in the above Pre Employment Health Declaration are complete, true and I have not omitted any information, or mislead the County Council. I understand this would be sufficient grounds for serious action to be taken against me, including dismissal..  Following my conditional offer of employment, I consent to:   * Being medically examined/assessed by an Occupational Health Physician if required. * My proposed employer being notified about my medical fitness and any adjustments that may be required to enable me to take up the duties required by the post. This will include information about all absences from work or education in the last two years.   I understand that I cannot be offered the post without a report/certificate from Occupational Health. | | | |
| Signature: |  | Date: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For office use only:** | | | | | | | | |
| **Incomplete** | |  | | | **FIT:** | Yes  No | | |
| **Appointment** | |  | | | **Fit with restrictions:** | | |  |
| **Adjustments Required:** | | | |  | | | | |
| **GP Report** |  | | | | **UNFIT:** | |  | |
| **OHA Signature:** | | |  | | | | | |
| **Date:** | | |  | | | | | |

**Guidance Notes for making a Pre-Employment Health Declaration**

### IMPORTANT!! PLEASE READ THIS INFORMATION BEFORE COMPLETING THE DECLARATION

1. **Purpose of the Pre-Employment Health Declaration**

This declaration is used for the following purposes:

* To help identify employees who need further health assessment or advice.
* To enable the Occupational Health Advisor to give an opinion on your fitness for your new job.
* To be a simple record of your health status at the time you started your new job.

If you answer YES to any question, you will be contacted by an Occupational Health Advisor (OHA) and they will conduct a short interview over the phone. In certain cases, you may be asked to attend in person for an interview with an OHA or an Occupational Health Physician (OHP). They will then provide an opinion to the manager on your fitness for your new job. Very few applicants are found to be unfit for employment.

Pre-employment assessments cannot be conducted retrospectively once an employee has been appointed. If a manager needs advice on a new employee’s fitness for post they must make a medical referral using the Medical Referral Form.

**Failure to disclose a known medical condition may affect your work and could limit your rights in respect of the Disability Discrimination Act, as well as adversely affecting the Council’s ability to implement reasonable adjustments to assist you.**

**2. Function of the Occupational Health Advisors**

Northumberland County Council’s Occupational Health Advisors are specialist Registered Nurses. They will provide an opinion to your manager on your fitness for a particular job. They can also provide advice regarding reasonable adjustments to the employee’s workplace, equipment or duties to help them start or continue employment.

**3. Confidentiality of information**

The declaration will be processed by Occupational Health Advisors and the information collected will be treated as confidential personal information.

Strict standards of medical confidentially and the Data Protection Act will apply to any additional information that you give to an Occupational Health Advisor or Physician. Occupational Health case notes are stored as a separate, medically confidential file. They are not shared with any other external department or agency.

Occupational Health Advisor will provide the appointing manager with an opinion on your medical fitness for a particular job and advise them about any reasonable adjustments that are needed. However, specific details about your medical history can only be given to the appointing manager with your consent.

**4. Data Protection Act 1998**

Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998. The information collected will only be used for the stated purposes. It will not be shared with any external agency.

If a job application is successful, the declaration will be stored within the Occupational Health Unit. If a prospective employee does not start employment the declaration will be kept for no longer than necessary and then destroyed. This is usually for a period of up to six months to allow for the consideration and resolution of any disputes or complaints.

**5. Equality Act 2010**

Under the Equality Act, your employer has a duty to make 'reasonable adjustments' to make sure you are not put at a substantial disadvantage by employment arrangements or any physical feature of the workplace.

The Equality Act defines a person as having a disability where they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**6. Which health conditions should be declared?**

You should declare a physical or mental health condition by answering “yes” if that condition:

* Has caused previous episodes of long term sickness absences from work (more than 20 days in the last 12 months)
* Has caused previous repeated short term sickness absences (more than 6 separate absences in the previous 12 months)
* Was caused by a previous employment
* Is likely to cause future absences
* Is likely to become progressively worse and is likely to be made worse by your new work
* Is likely to prevent you carrying out your contracted duties or prevent you using equipment necessary to do your job
* Is likely to prevent you working your contracted hours
* Causes any difficulties with communication, such as with hearing, speech or eyesight
* Prevents you operating the equipment necessary to do your job
* Prevents you using the personal protective equipment needed for that job
* Could put yourself or others at risk of injury
* Restricts your movements or posture
* Causes any difficulties with communication, such as with hearing, speech or eyesight
* It affects your mood, memory, ability to learn or social skills.
* It restricts your movement, strength or posture.

In addition you must declare by ticking the appropriate box any condition when:

* You are taking medication whose side effects may affect you at work
* A doctor has warned you not to do particular types of work or other activities
* If you have now or in the past any drug or alcohol problems

**7. Health declarations by Teachers and Teaching support staff**

The pre-employment health assessment of teachers will be conducted in accordance with The Education (Teachers) Regulations 1993. Further guidance has been provided in DfEE Circular 4/99 and the DfEE publication Fitness to Teach (2000*).* The legislation has been interpreted as applying to other employees that regularly have contact with persons under 19 years old in an educational setting. This includes Teaching Assistants, and other support and administrative staff.

Teachers and support staff have a special duty under this legislation to disclose any known health conditions that may affect themselves or others at work.