



Pre-Employment Health Assessment – Introduction

The purpose of pre-employment health assessment is to ensure, as far as possible, that:

- prospective staff are physically and psychologically capable of carrying out the proposed work, taking into account any current or previous illness and/or injury.
- anyone likely to be at excessive risk of developing work related illness is identified.

Working in primary healthcare poses unique and specific risks to staff. The assessment aims to ensure, as far as possible, that the prospective employee does not represent a risk to the patients or other staff and that the work is suitable and safe for the individual.

Where appropriate, reasonable adjustments must be made when a prospective employee falls under the jurisdiction of The Disability Discrimination Act 2005 to ensure that employment is based upon ability and suitability for the post.

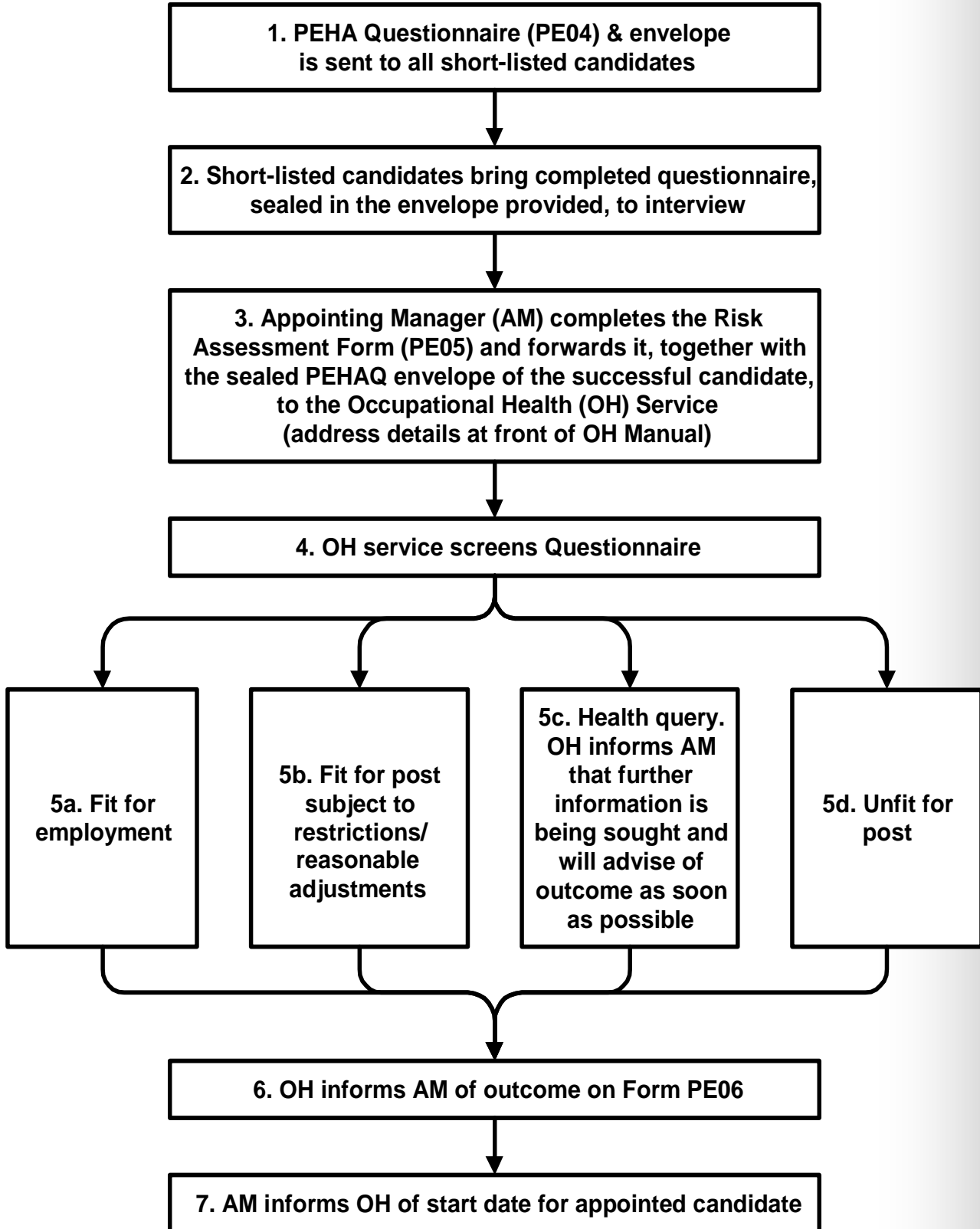
Source Publications

- The Management of Health, Safety and Welfare Issues for NHS Staff. (1998) NHSE
- Association of NHS Occupational Physicians. Guidelines for fitness for employment in the NHS. (1996) ANHOPS Executive



Pre-Employment Health Assessment – Flowchart

This chart gives diagrammatic representation to the following procedure. It is intended as a quick reference guide only and full details are included in the following documents (Forms PE03/PE04/PE05/PE06)





Pre-Employment Health Assessment – Procedure

1. Pre-employment health assessment, undertaken by the Occupational Health Service, is recommended for all new staff and is also advised for internal transferees where the new post involves risks (as identified on the Pre-Employment Risk Assessment Form PE04) not previously encountered in the old post.

A Pre-Employment Health Assessment Questionnaire (PE04) should be completed personally by each candidate who is invited for interview. The Appointing Manager should mark the envelope with the candidate's name, post applied for and the proposed place of work.

2. Candidates should be instructed to complete the form fully, seal it in the envelope provided and make it available to the Appointing Manager at interview. It should be emphasised that the contents of the Pre-Employment Health Assessment Questionnaire remain confidential to the Occupational Health Service.
3. The Appointing Manager should complete the Pre-Employment Risk Assessment Form (PE05), using the explanation of terms provided on the reverse side of the form.
4. The questionnaire (in the sealed envelope), for the successful candidate only, should be forwarded by the Appointing Manager to the Occupational Health Service for Primary Care, Room N25, Tamar Science Park, 1 Davy Road, Derriford, Plymouth PL6 8BX.
5. Any questionnaires from candidates who have not been successful should be destroyed unopened.
6. The questionnaire will be processed by the Occupational Health Service. The Appointing Manager will be notified of the outcome within 3 working days of receipt either by telephone, email or post unless further enquiries are required. The Appointing Manager will be notified if there is likely to be a delay.
7. To speed up the recruitment process, the Appointing Manager may wish to make an offer of employment to prospective staff, which is conditional upon medical clearance. If a conditional offer is made, it is essential that the following conditions are met:
 - (i) The prospective employee should be advised not to resign from any current post until full health clearance has been given by the Occupational Health Service.
 - (ii) Conditional offers should only be made verbally. No Statement of Terms and Conditions of Employment should be issued until health clearance has been confirmed.
 - (iii) The Appointing Manager should be satisfied (via the interview process) regarding the candidate's recent attendance record. Any health concerns that have come to light from either the interview or from references should be raised with the Occupational Health Service.
 - (iv) Advice on personnel issues should be obtained before any conditional offer is revoked. (Further advice may be sought from the BMA Advisory Service.)
8. The Appointing Manager should confirm the individual's starting date to the Occupational Health Service within one week of the start date to enable appropriate follow up, e.g. immunisation etc.



www.youmatter.org.uk

Tamar Science Park, Rm N25, 1, Davy Road, Plymouth, PL6 8BX
Telephone: 01752 762116 / 01752 762112
Facsimile: 01752 762117.

Date.....

suebond@abbottburke.co.uk
sue@abbottburke.co.uk lesley@abbottburke.co.uk

Dear Colleague

We are the Occupational Health Service for GPs, Dentists and their staff in Devon and Cornwall and we will be here to support and advise you during your employment. We are an independent Occupational Health Service provider and are not part of the NHS Trusts hospital occupational health units across Devon and Cornwall.

Our first contact will be to screen you to ensure your fitness to work in the post you have applied for. Your appointing manager will have provided you with a pre-employment health form, which will be sent on to us should you be successful in securing the job you have applied for. Please complete this form as fully as possible. If you are unsuccessful, your appointing manager will destroy the form. Additional information regarding the service will be provided once you have started in post.

PLEASE NOTE: If you are applying for a clinical position we will also require information relating to your immunisations and, if not already provided to your employing Practice, **documentary evidence** relating to blood tests for **all** of the following;

- Hepatitis B
- Varicella
- Rubella
- TB (BCG vaccination)

Your appointing manager will ask you to return this form (using the envelope provided) at your interview. Failure to supply documentary evidence of your immunisation records will result in a delay in processing your health clearance. If necessary, we may contact you to clarify details provided on the form – this should not cause you concern,

If you have any queries regarding any of the above please do not hesitate to call us on the number on the header of this letter. Thank you in advance and we look forward to meeting you during our Practice visits over the next year.

Yours sincerely

The OH Team

Occupational Health for Primary Care in Devon and Cornwall



Pre-Employment Health Assessment - Questionnaire

Strictly Confidential
The contents of this questionnaire will remain confidential to the Occupational Health Service and will not be discussed without your consent.

PLEASE READ THIS CAREFULLY BEFORE SIGNING BELOW
I declare that the answers to the questions below are correct, to the best of my knowledge, and I consent to a medical examination if required. I understand that should I knowingly make a false statement regarding my medical history, either in my answers or to the Occupational Health Nurse or Doctor, or wilfully conceal any material fact, I, if employed, may be liable to disciplinary action, which could lead to dismissal, or any offer of employment being withdrawn.

Signed..... Date.....

Please write legibly and complete fully

Surname **Mr/Mrs/Miss/Ms/Dr**

Forename(s) **Previous Name(s)**.....

Address **Date of Birth (for ID only)**.....

..... **Tel No Day**

..... **Tel No Evening**

Postcode **Mobile Tel No**.....

Post Applied for **Current Post**

Proposed workplace

Name and Address of own GP.....

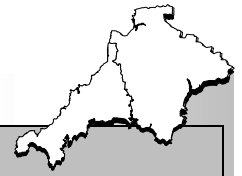
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Have you previously worked within any GP or Dental Practice in Devon or Cornwall and IoS?

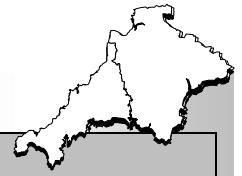
Yes **No**

If Yes, please give dates

.....



If the answers to any of the following questions are "YES", please give details			
	Yes	No	Details and Dates
1. Have you contacted a Doctor in the last twelve months about your health?			
2. Are you taking or using any medicines?			
3. Are you currently receiving any medical or psychiatric treatment or counselling?			
4. Have you lost time from work/school due to illness in the last twelve months? If YES, for how long and on how many occasions?			
5. Have you, in the last five years, been treated in hospital either as an in-patient, outpatient or day-case?			
6. Are you waiting for any medical treatment or tests?			
7. During the last six months, have you: Had a cough lasting more than two weeks? Had any unexplained weight loss?			
8. Have you lived or worked abroad for a period of more than four weeks within the last two years?			<i>(Please state which Country)</i>
9. Are you, or have you been a night worker? If yes, have you ever suffered any ill health effects as a result?			
10. Have you been retired from any previous employment for ill-health reasons?			
<i>Do you suffer from or have you ever had any of the following:</i>			
11. Eye disease or problems, including colour blindness?			
12. Hearing or balance disorder or any other ear problems?			
13. Epilepsy, fainting attacks, giddiness or migraine?			
14. Asthma, bronchitis, shortness of breath or other chest condition?			
15. Heart attack, angina or other heart disease?			
16. Back or neck problems, spinal injury or deformity, sciatica with any symptoms, any of which have lasted for more than 2 weeks?			
17. Any form of arthritis or joint problems?			
18. Skin problems or diseases e.g. dermatitis, eczema or sensitive skin?			
19. Hay fever or allergies to medicines, foods, chemicals or latex?			



Do you suffer from or have you ever had any of the following?			
	Yes	No	Details and Dates
20. Chronic fatigue syndrome or M.E?			
21. Diabetes?			
22. Mental health problems, including anxiety or depression?			
23. Stress for which you have sought help?			
24. Eating disorders e.g. Anorexia, Bulimia			
25. Any form of self-harm?			
26. Do you drink alcohol? If yes, how much during an average week?			
27. Have you ever sought help for an alcohol or drug related problem?			
28. Do you smoke? If yes, what and how many per week?			
29. Have you ever tested positive to a blood borne virus/disease, e.g. Hepatitis B, C or HIV?			
30. Please state your height and weight			
Have you ever had any of the following (If YES, please give dates)			
31. Jaundice or Hepatitis A, or Hepatitis B?			
32. Chicken Pox (varicella)/Shingles?			
33. Tuberculosis (TB)?			
Immunisation details – Please give dates where possible			
Heaf/Mantoux? (Test for immunity to TB)			Grade:
BCG ?(immunisation against TB)			Scar visible:
Poliomyelitis?			
Tetanus?			
Typhoid?			
Rubella?			Date of blood test?
<p>HEPATITIS B - If not provided to your employing Practice, all staff who perform 'exposure prone invasive procedures' (EIPs), MUST attach documentary evidence of immunity (from a UK Occupational Health Department or Public Health Laboratory with contact telephone no.), to Hepatitis B or evidence of freedom from infection (HSG(93)40).</p>			
Hepatitis B – please state date of initial course of vaccine, subsequent boosters and serology test results.			
Did you complete the course but not achieve immunity. If YES, have you received any guidance on your clinical practice?			
In the event of acceptable evidence being unavailable for those performing EIPs, a blood test will be required to investigate Hepatitis B antigen status, prior to commencement in post			



DISABILITY DISCRIMINATION ACT 2005

What is a disability?

The Disability Discrimination Act 2005 defines disability as a “physical or mental impairment, which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities”. A long-term impairment is one which has lasted, or can be reasonably expected to last, at least twelve months. Where impairment stops having a substantial adverse effect but is likely to recur, then it will still be treated as a long-term impairment.

Please read and complete the following 5 questions.

1. Do you consider that you currently have a disability as defined above? Yes No

2. Some medical conditions may, in time, lead to problems, which may bring an individual under the Act. Do you have any reason to believe you may, in time, develop problems in any of the areas listed in Question3? Yes No

3. If you have answered Yes to Question 1 or Question 2, please tick all the relevant boxes below that best describe your disability

Hearing impairment		Reduced physical capacity	
Mental impairment		Physical co-ordination difficulties	
Visual impairment		Severe disfigurement	
Speech impairment		Other disability (please specify)	
Mobility impairment		Other disability (please specify)	
Learning difficulties			

4. Are you in receipt of disablement pension benefits from a previous employer? Yes No

5. From your knowledge of the post you are applying for, is there any specific equipment, furniture adaptation, or other reasonable adjustments you would require in order for you to carry out your work effectively? Yes No

If yes, please specify

.....

Is there any other information you would like to give us?

.....

Please check that you have completed all sections of the Questionnaire. Failure to do so may result in a delay in processing your application. Thank you for completing this questionnaire

For Office Use Only			
Fit	1		
	2		
	3		
Signature:	Name:	Designation:	Date:



Pre-Employment Health Assessment – Risk Assessment

This form must be completed by the Appointing Manager and attached to the completed, sealed and signed Pre-Employment Health Assessment Form of the successful candidate.

Failure to do so will delay the clearance process

Name of candidate:

Proposed Post:.....

Anticipated Start Date

Proposed place of work:

Contract Hours/week:..... Days/evenings/nights (please circle)

This post will involve (please tick all appropriate boxes [see explanation of terms and guidance overleaf])

		Yes	No
1.	A requirement to work out of hours (nights / weekends)?		
2.	A requirement to work alone/unsupervised for a significant part of their working day/night?		
3.	Clinical patient contact?		
4.	Non-clinical patient contact?		
5.	No patient contact?		
6.	Driving (except journeys to and from the main place of work)?		
7.	Manual handling or postural demands?		
8.	Exposure to cytotoxic drugs?		
9.	Dispensing and/or access to controlled drugs?		
10.	The use of Display Screen Equipment?		
11.	Contact with blood, body fluids or body tissue?		
12.	Performing Exposure Prone Procedures?		
13.	Exposure to potentially violent or aggressive behaviour?		
14.	Working with vulnerable patient groups?		
15.	Exposure to hazardous chemicals – please list on separate sheet and attach		
16.	Exposure to ionising radiation		
17.	Exposure to non ionising radiation		
18.	Latex gloves		
19.	Stress		

Please list any other occupational hazards or hazardous substances, which may be associated with the work:

.....

Any other relevant comments?.....

.....

Name of Manager.....

Signature

Date..... Email address..... Telephone Contact number



Explanation of Terms

The following guidelines will assist managers in the completion of the Pre-Employment Risk Assessment Form overleaf. Further information and advice, if required, can be obtained from the Occupational Health Service.

Q 4.	Non-clinical patient contact	Staff who have face-to-face contact with patients with no 'hands on' clinical involvement
Q 6.	Driving (except to and from main place of work)	Those staff whose employment requires them to transport clients/patients or supplies on behalf of their Employer
Q 7.	Manual handling or postural demands	This includes patient and non-patient handling, lifting, carrying and lowering, repetitive bending and twisting, prolonged standing, or maintaining an awkward posture.
Q 8.	Cytotoxic drugs	These are specialist drugs which may be used to treat various forms of cancer
Q 11.	The use of Display Screen equipment (DSE)	All personnel using DSE equipment must now be assessed. A DSE user involves continuous periods of an hour or longer per day where the worker has little or no discretion on when or whether to use the screen for their work.
Q 13.	Exposure prone procedures	<p>Those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker.</p> <p>These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needles, or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space, where the hands or fingertips may not be completely visible at all times.</p> <p>(NB venepuncture is NOT an exposure prone procedure)</p>



Q 15.	Vulnerable groups of patients	This may include staff who are required to work with children, immuno-compromised patients, the elderly, or patients with mental health problems
Q 16.	Ionising radiation	i.e. X-rays
Q 17.	Non-ionising radiation	Ultraviolet (UV), Infrared, Microwave, Radio frequency & lasers
Q 18.	Latex gloves	MUST be non-powdered. Non-latex gloves must be provided for staff (patients) with possible sensitivity to latex.
Q 19.	Stress	<p>The primary sources of stress at work are considered to be:</p> <ul style="list-style-type: none"> • Demand • Control • Support • Relationships • Role • Change • Communications <p>You must ensure that risks arising from work activity are properly controlled. (See section 1.6)</p>



Pre-Employment Health Assessment - Outcome

Surname.....

Forename/s.....

Post

Location.....

Following investigation of the supplied information we find the above candidate:

- 1 Fit for the post**
 - a) Will require a Display Screen Assessment on starting.
 - b) Has / has not provided documentary evidence of immunisation status specifically Hepatitis B.
 - c) Will require Hepatitis B immunisation for this post.
 - d) Any individual who is required to undertake manual handling activities should be permitted to work within their own limitations.

- 2 Fit for the post, subject to the following restrictions/ reasonable adjustments**
.....
.....
.....

- 3 Unfit**

- 4 Further investigation is required**
Notification will follow as soon as possible

Please make available a copy of the leaflet 'Introduction to the Occupational Health Service', found in the OH&S manual.
Many thanks

We routinely recommend that you check all applicants' references including the record of their sickness absence for their most recent employment.

SignatureOccupational Physician/Nurse Adviser

Date