

Occupational Health Services

New Starter Health Questionnaire

Purpose
<p>The information provided on this form will be used to establish whether you currently have any health conditions that could affect your ability to undertake the duties of the post you have been offered or that might place you, or others around you, at risk in the workplace. It may also be used for identifying workplace adjustments or assistance to enable you to do the job.</p> <p>Any personal medical information supplied during this process will be treated as confidential, but is used as the basis on which Occupational Health Services (OHS) advise the University on your medical fitness in relation to this post. In some cases, OHS may need to contact you to discuss your responses or gain further information.</p>
Confidentiality
<p>This questionnaire will form part of your medical records.</p> <p>All OHS staff work to a strict code of ethics concerning the confidentiality of consultations and medical records. All staff, both clinical and non-clinical, cannot and will not disclose medical information of employees in their charge without the prior consent of those employees.</p> <p>OHS will provide advice to the University and its departments without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as sensitive personal data in respect of the GDPR and related UK data protection legislation.</p>
Disability in the Workplace
<p>The University of Oxford is committed to promoting an inclusive working environment for all staff, including those with disabilities or long-term health conditions.</p> <p>You can find resources and information on support available to you on the Equality & Diversity Unit website: https://edu.admin.ox.ac.uk</p> <p>For more information, please contact: staffdisability@admin.ox.ac.uk or 01865 280687</p>

Instructions to completing this Questionnaire	
Section 1 – Personal Information	To be completed by the department To be verified by the employee
Section 2 – Role Hazard Identification	To be completed by the department
Section 3 – Questions	Questions 1 & 2 to be completed by all employees Additional Questions to be completed by employees based on the instructions in Section 2 – Role Hazard Identification
<p>Please return the completed questionnaire to secretary@uohs.ox.ac.uk, or by post to Occupational Health Service, 10 Parks Road, Oxford, OX1 3PD</p>	

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Section 1 - Personal Information - To be completed by the department

Do not make any changes to incorrect information in this section.

Title:		Name:		Surname:	
Personnel No.:		Date of Birth:		Gender:	
Current Address:					
Daytime Telephone No:		Mobile Telephone No:			
Personal Email Address:		National Insurance Number:			
Role Details					
Department:		Job Title:			
Proposed Start Date:		End Date (if fixed contract):			
Manager Name:		Department tel. no:			
Recruiting Officer email:					

Detail Verification – To be completed by the employee

Is the above information correct?	Yes		No	
If No, please provide details of changes to be made below:				

Section 2 – Role Hazard Identification – To be completed by the department

Employees to answer questions in **Section 3 – Questions** based on the instructions in the table below.

Please specify the exact Hazardous Substance(s) below where appropriate.

Activity	Activity Being Undertaken in Role (If Yes, please mark with an X)	Specify the Hazardous Substance(s) involved:	Fitness to Work Assessment Decision (Prior to start of work with hazard provided by OHS)	Enrolment on a Health Screening Programme (Post start of work with hazard with 'HS1 Form')	Employee Action (Complete the following questions in Section 3)
Working at Heights <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2, 4-6, 9 & 11
Night Working <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2, 4-6, 9 & 11
Lone Working <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2, 4-6, 9 & 11
Work in Hot or Cold Environments <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2, 4-6, 9 & 11
Noise at Work <i>(See guidance document for details)</i>		N/A	Not currently available		

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Work with Vibrating Equipment <i>(See guidance document for details)</i>		N/A	Not currently available		
Driving a University Vehicle <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2, 5, 6, 9 & 11
Working with Ionising Radiation <i>(See guidance document for details)</i>		N/A	✓	Registration with Radiation Protection Officer	Complete questions 1, 2, 4-6, 8 & 9
Open Food Handling <i>(See guidance document for details)</i>		N/A	✓	✗	Complete questions 1-8
Working with Category 3B or 4 Lasers <i>(See guidance document for details)</i>		N/A	✓	✗	Complete questions 1,2 & 9
Working with Infectious Pathogens (Hazard Group 2/3) <i>(See guidance document for details)</i>			✓	✓	Complete questions 1-4, 8, 10 & 11
Working with blood, human products and human tissues <i>(See guidance document for details)</i>		N/A	✗	✓	Complete questions 1, 2 & 10
Work in clinical areas with direct contact with patients NOT administrative roles <i>(See guidance document for details)</i>		N/A	✓	✓	Complete questions 1, 2 & 10
Work with Allergens e.g. laboratory animals, pollen, dust, insects etc. <i>(See guidance document for details)</i>			✓	✓	Complete questions 1-4 & 8
Work with any substance which has any of the following pictograms on their MSDS:  <i>(See guidance document for details)</i>			✓	✓	Complete questions 1-4 & 8
Manual Handling <i>(See guidance document for details)</i>		N/A	✓	✗	Complete questions 1, 2, 5 & 6

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Travel outside of UK on University Business (See guidance document for details)		N/A	X	✓	Complete questions 1, 2 & 10
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Section 3 – Questions – Questions 1 & 2 to be completed by all employees

<p>Question 1 – Do you have any long-standing recurrent or temporary health condition which affects your current fitness or may be relevant to your ability to perform the proposed activities? Please include mental or physical conditions, recent surgery, injury or any ongoing treatment.</p> <p><i>If Yes, please provide details including any medication taken below:</i></p>	Yes		No	
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<p>Question 2 – Do you think you might need any accommodations, special equipment/aids or adjustments, which would assist you in performing the proposed work activities?</p> <p><i>If Yes, please provide details below:</i></p>	Yes		No	
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Questions 3-9 to be completed by the employee based on the information indicated in Section 2

<p>Question 3 – Do you have any known allergies to medicines, chemicals or other substances e.g. animals, plants, pollen, specific foods etc.?</p> <p><i>If Yes, please indicate what you are allergic to, and to what degree this affects you. Also detail any medication you use to control your symptoms below:</i></p>	Yes		No	
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<p>Question 4 - Do you have, either on a permanent or intermittent basis, any skin (e.g. eczema, psoriasis, rash) or respiratory (e.g. asthma, chronic bronchitis, emphysema) diseases?</p> <p><i>If Yes, please indicate how and to what degree this affects you, including any medication you use to control your symptoms below:</i></p>	Yes		No	
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<p>Question 5 - Do you currently have, or have you ever had, any condition that causes you loss of or reduced consciousness (e.g. epilepsy, blackouts, seizures, faints etc.) or loss of balance? Do you take any medication according to a strict timetable (e.g. treatment for diabetes, high blood pressure etc.)?</p> <p><i>If Yes, please provide details below of the condition, how it affects you and what medication you take to manage it below:</i></p>	Yes		No	
<p>Question 6 - Do you currently have, or have you ever had, any condition affecting your bones, joints, (e.g. fracture, arthritis, frozen shoulder) muscles, ligaments, tendons or other soft tissue (e.g. lower back pain, tennis elbow, bursitis, carpal tunnel syndrome; or any condition that causes weakness or numbness in the limbs)?</p> <p><i>If Yes, please provide details, including any treatment and medication, and to what degree this condition affects you, below:</i></p>	Yes		No	
<p>Question 7 – Are you currently experiencing any symptoms of the digestive system (e.g. diarrhoea, vomiting etc.) or any illness of the digestive system (e.g. enteritis, typhoid, paratyphoid, dysentery)?</p> <p><i>If Yes, please provide details, including any treatment and medication, and to what degree this affects you, below:</i></p>	Yes		No	
<p>Question 8 - Do you have, or have you ever experienced any infections/conditions of your hands, fingers or face (e.g. eczema, psoriasis, acne, impetigo) or your eyes, mouth, ears or throat (e.g. conjunctivitis, otitis externa, rhinitis)?</p> <p><i>If Yes, please provide details, including any treatment and medication, and to what degree this affects you, below:</i></p>	Yes		No	
<p>Question 9 – Do you have, or have you ever had, any condition that affects your vision, either in one or both eyes (e.g. blindness, lazy eye, cataracts) or have you had any accidents involving laser damage to your eyes (e.g. retinal burn)?</p> <p><i>If Yes, please provide details, including the extent to which they affect you, below:</i></p>	Yes		No	

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<p>Question 10 – Do you have, or have you ever had, an increased vulnerability to infections?</p> <p><i>If Yes, please provide details, including the extent to which you are affected and any medication taken, below:</i></p>	Yes		No	
<p>Question 11 – Do you have a history of heart or circulation problems?</p> <p><i>If Yes, please provide details, including the extent to which you are affected and any medication taken, below:</i></p>	Yes		No	

Employee Declaration	
<p>I have read the information on this form and answered all questions honestly, accurately and in full. I understand that if I have concealed relevant information or deliberately provided misleading information about my health or ability to carry out the duties and requirements of the post as described either on this form or at a health interview, the offer of employment may be withdrawn, or my employment may be terminated.</p> <p>I will notify OHS if my health status changes prior to commencing work.</p>	
Print Name:	
Signed:	
Date:	