New Starter Health Questionnaire



### Purpose

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.

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.

### Confidentiality

This questionnaire will form part of your medical records.

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.

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.

#### **Disability in the Workplace**

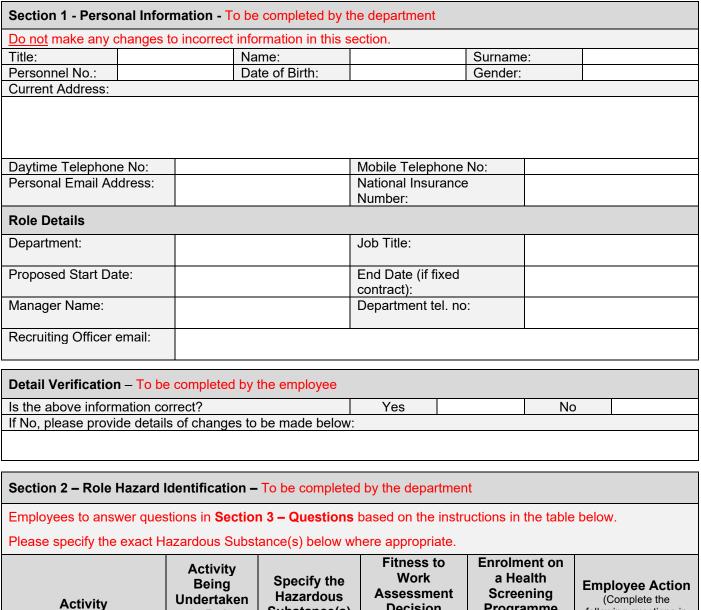
The University of Oxford is committed to promoting an inclusive working environment for all staff, including those with disabilities or long-term health conditions.

You can find resources and information on support available to you on the Equality & Diversity Unit website: <u>https://edu.admin.ox.ac.uk</u>

For more information, please contact: staffdisability@admin.ox.ac.uk or 01865 280687

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

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Activity	Being Undertaken in Role (If Yes, please mark with an X)	Specify the Hazardous Substance(s) involved:	Work Assessment Decision (Prior to start of work with hazard provided by OHS)	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 (See guidance document for details)		N/A	$\checkmark$	$\checkmark$	Complete questions 1, 2, 4- 6, 9 & 11
Night Working (See guidance document for details)		N/A	$\checkmark$	$\checkmark$	Complete questions 1, 2, 4- 6, 9 & 11
Lone Working (See guidance document for details)		N/A	$\checkmark$	$\checkmark$	Complete questions 1, 2, 4- 6, 9 & 11
Work in Hot or Cold Environments (See guidance document for details)		N/A	$\checkmark$	$\checkmark$	Complete questions 1, 2, 4- 6, 9 & 11
Noise at Work (See guidance document for details)		N/A	1	Not currently availa	able



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

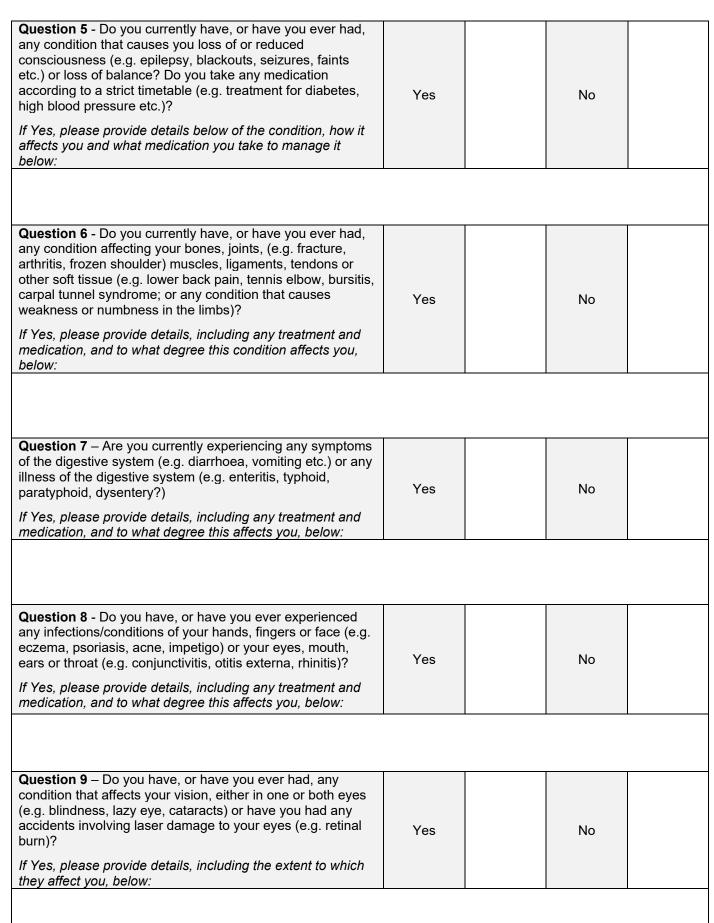
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# Occupational Health Services New Starter Health Questionnaire

Travel outside of UK on University Business (See guidance document for details)	N/A	×	√	Complete questions 1, 2 & 10
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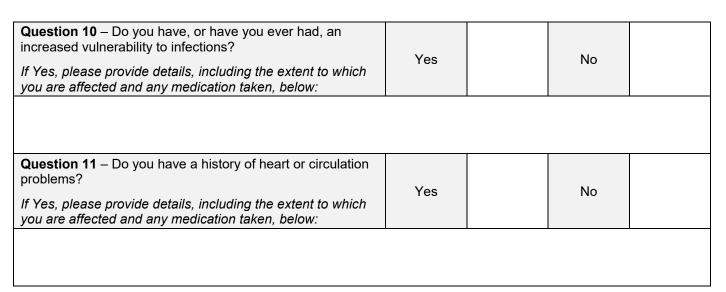
all employees	
Yes	No
Yes	No
sed on the info	rmation indicated in Section 2
Yes	No
Yes	No
	Yes sed on the info

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Employee Declaration			
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.			
I will notify OHS if my health status changes prior to commencing work.			
Print Name:	ne:		
Signed:			
Date:			

