#### STRICTLY PRIVATE AND CONFIDENTIAL

**PRE-EMPLOYMENT HEALTH DECLARATION**

**Section A – Must be completed by Appointing Officer before questionnaire is given to applicant.**

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| 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 any of the below Yes [ ]  No [ ]  If Yes, please indicate whichExposure 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) [ ]  CALM/Restraint ☐ NAPPI/Restraint ☐  |

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

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.

**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:**

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| 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: |
|   |   |   |
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| **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:** |

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| **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? If yes please specify the 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 2010A 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: |

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| **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.I consent to the processing of my personal data included in this document for the purposes of the General Data Protection Regulations 2018 and understand that the data is being collected * to help identify employees who need further health assessment or advice.
* to enable the Occupational Health Advisor to give an opinion on fitness for a new job and to advise on any reasonable adjustments that may be required.
* to be a record of health status at the start of employment

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:** |  |