

Pre-course General Health Questionnaire Part 1

Course details

Course applied for

This course is for a Healthcare worker

Students on this course will undertake Exposure Prone Procedures

Please confirm your start date (dd/mm/yyyy)

Student personal details

Applicant details (to be confirmed by applicant)

Title (Mr, Mrs, Ms etc.)

Firstname

Other names

Lastname

Gender

Male Female

Dob

Address 1

Address 2

Address 3

Town/City

County

Postcode

Telephone number

Mobile number *

Personal e-mail *

Please provide any further information you feel is relevant to this application:

* Occupational Health may use this information to contact you for more information, to clarify information or to inform you that an appointment has been made for you to attend the Occupational Health service.

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Sickness History		
Reason	Start	End

Brief medical history

You must answer ALL of the questions below.

- | | | |
|--|---------------------------|--------------------------|
| Are you on a hospital waiting list for investigation or treatment? | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you regularly attending a hospital, community clinic or seeing a Doctor? | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you suffering from or have you ever suffered from: | | |
| Any conditions relating to your heart or circulation? | Yes <input type="radio"/> | No <input type="radio"/> |
| Any respiratory problems? (eg. Asthma) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any psychological problems? (eg. nervous breakdown/depression) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any eyesight condition that cannot be corrected by wearing spectacles or contact lenses? | Yes <input type="radio"/> | No <input type="radio"/> |
| Any ongoing hearing problems or ear disorders? (eg. Tinnitus) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any ongoing bone, muscle or joint problems? (e.g. recurrent back pain/Arthritis) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any skin diseases or conditions that require medical treatment? | Yes <input type="radio"/> | No <input type="radio"/> |
| Any gastro-intestinal or abdominal problems? (eg. Hernia/Gall stones) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any blood or metabolic disorders? (eg. Hepatitis/Anaemia/Diabetes) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any neurological conditions (eg severe headaches/vertigo/epilepsy) | Yes <input type="radio"/> | No <input type="radio"/> |
| Any long term or debilitating illness (eg Multiple Sclerosis) | Yes <input type="radio"/> | No <input type="radio"/> |

If you have answered NO to ALL of the questions above, then please read and complete page 4 then save the questionnaire as 'Final'.

If you have answered YES to ANY of the questions above then please read and complete page 4 then save the questionnaire as 'Final'. You will also need to complete questionnaire part 2a AND we would request that you also complete the GP/Specialist Consent form part 2b.)

Nb. Students undertaking a healthcare related course need to complete part 2a as well as part 1.

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EQUALITY ACT 2010

It is unlawful to discriminate against disabled people. A person is considered disabled if he or she has a physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day-to-day activities. In order to comply with the Equality Act the University/College needs to know if you are disabled.

It may be helpful for them to understand the nature of your disability in order to consider what adjustments may need to be made to your University/College/Workplace to help you undertake your studies/placement effectively and to comply with Health and Safety. You do not have to disclose the nature of your disability on this form, however if you are not required to complete questionnaire part 2a (which will provide Occupational Health with information enabling them to advise your University/College/Workplace) and you do not provide this information on this form, your University/College will not be able to consider adjustments to your study environment.

Do you have any kind of chronic health condition or disablement? Yes No
Do you believe that this condition or disablement might bring you within provisions of the Equality Act 2010? Yes No
If yes, it will help your employer to consider any adjustments if you provide information relating to your disability/capability in the field below.

Declaration of fitness

I certify that I have answered all questions in this form to the best of my ability and knowledge. I have no reason to believe that my health will interfere with my ability to give good attendance. I understand that withholding information, or knowingly giving incorrect information, about my health on this form may result in my removal from the course/placement.

Please note, when you submit this form, your 'electronic signature' will be recorded on the form.

Signed by:

Date: