

Work Health Assessment

The purpose of this work health assessment is to ensure, as far as possible, that you are fit for the post that you have applied for in order to protect your own and others' health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety. The health information you provide will remain CONFIDENTIAL to this Occupational Health department.

Specific medical details will not be divulged without your written permission to any person outside the Occupational Health service, but an opinion about fitness for work and any suggested adjustments will be given to HR/ Recruitment.

Dr/Mr/Miss/Mrs/Ms/ Mx (Delete as Appropriate)	Surname	EMOKPAE
Forename(s)	SMAUEL ENUWAMAGBE	
Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to Say <input type="checkbox"/>	

Home Address:	388 Sunderland Road Gateshead, Newcastle Tyne and Wear
	Postcode: NE8 3QP

Contact Telephone No(s):	Home:	Mobile:
		+44 7867285971
Email:	enuwa2020@gmail.com	

Date of birth:		
8	5	1980

*** EMPLOYMENT ***

Have you worked for this Trust in the past?	Currently Employed <input type="checkbox"/> Yes Previously <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, what was your role/ job?	
If yes, were you known by another name?	
Who is your current employer?	Servoca Nursing & Care Limited
What is your current role/ job title?	HCA/Support Worker
Is this your first NHS Post?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No – who was your most recent NHS Employer (If different to current employer)	
Position (applied for)	Volunteer
Department	Customer Experience Patient Experience
Full/Part Time include total number of hours	

***** YOUR HEALTH *****

Do you have any illness/ impairment/ disability (physical or mental) which may affect your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever had any illness/ impairment/ disability which may have been caused or made worse by your work? If yes, please give details below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If yes, please give details below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever had or do you think you may need any adjustments or assistance to overcome/ accommodate any illness/ impairment or disability that may impact on your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you had any absence from employment or education in the last 2 years? If yes, please give details including the number of episodes, days lost, date of occurrence and if it has resolved	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you suffer from any allergies? For example a reaction to natural rubber latex If yes, please give details	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

*** IMMUNISATION/ INFECTIOUS DISEASES ***

In which country were you born?		Nigeria
Have you lived continuously in the UK for the last year?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, please list all of the countries that you have lived in in the last 5 years		
Have you had a BCG vaccination?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you have a visible BCG scar?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have you ever been treated for TB?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you suffer from any of the following symptoms:		
• Cough lasting more than 3 weeks/ blood stained sputum		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Unexplained fever/ high temperature/ weight loss		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Heavy sweating at night		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you been in recent contact with anyone with open pulmonary TB?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you visited another country for more than three months within the last 12 months?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, where and for how long:		
Have you had all of your routine childhood vaccines?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have you ever had chickenpox?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please state which country you were in when this occurred:		
Have you been immunised against:		
Hepatitis B 1 st	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Date:
Hepatitis B 2 nd	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Date:
Hepatitis B 3 rd	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Date:
Hep B Booster	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Date:
Hep B Titre Level	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Date:

*** EXPOSURE PRONE PROCEDURES (EPP) ***

An exposure prone procedure (EPP) are those procedures where the workers hand may be in contact with sharp instruments, needle tips of sharp tissue (e.g spicules of bone or teeth) inside patients open body cavity, wound or confined anatomical space where the hands and finger tips may not be completely visible at all times. **THIS DOES NOT APPLY TO VENEPUNCTURE AND CANNULATION**

Will you be performing EPP?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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If you cannot provide ID validated blood borne virus results from a UK accredited laboratory you will be required to undergo testing from this Occupational Health department.

- **IF YOU ARE NEW TO THE NHS PLEASE SUBMIT A COPY OF YOUR GP VACCINATION RECORD WITH THIS FORM.**
- **IF YOU ARE CURRENTLY EMPLOYED OR STUDYING WITHIN THE NHS IN ANY OTHER REGION, PLEASE SUBMIT A COPY OF YOUR OCCUPATIONAL HEALTH VACCINATION INFORMATION WITH THIS FORM.**

FAILURE TO DO THIS WILL RESULT IN DELAYS IN YOUR HEALTH CLEARANCE AND ABILITY TO START WORK

- **IF YOU ARE CURRENTLY EMPLOYED WITHIN THE NHS PLEASE COMPLETE THE CONSENT FORM BELOW TO ENABLE US TO ACCESS YOUR PREVIOUS VACCINATION INFORMATION**

***** DECLARATION *****

I declare that answers to the questions on this questionnaire are true and complete to the best of my knowledge and belief. I am aware that any false, misleading statements or withholding information may lead to termination of employment.

Your Signature: *Samuel*

Date: 14/06 /2024

(for paper based system)

I Agree ☒

(for COHORT/ OPAS)

***** CONSENT *****

Full Name	Emokpae Enuwamgbe Samuel
DOB	8/5/1980
Address	388 Sunderland Road Gateshead, Newcastle Tyne and Wear. NE8 3QP

Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare professionals and their patients. Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases.

Immunisation of healthcare and laboratory workers may therefore:

- protect the individual and their family from an occupationally-acquired infection
- protect patients and service users, including vulnerable patients who may not respond well to their own immunisation
- protect other healthcare and laboratory staff
- allow for the efficient running of services without disruption.

(DOH, The Green Book, Chapter 12)

As part of this screening process if you currently work for or have worked for another Trust in the NHS, we may have the opportunity to obtain information about any immunisations or blood screening which may have been undertaken. To do this we require your written consent. By providing this information, the screening process should be expedited. It may also reduce the need for you to attend the Occupational Health department for further screening.

The information will be transferred and stored in the strictest of confidence and will not be visible to anyone outside the Occupational Health Department.

I consent to the transfer of my Immunisation and blood test results from my current/ most recent NHS Occupational Health provider to my new Occupational Health provider and I have provided the name of the Trust that I currently work for/ have previously worked for below:

I Agree ☒I Do Not Agree ☐Not Applicable ☐

Full Name of Current/ Most Recent NHS Employer Servoca Nursing & Care Limited

Please delete as appropriate:

☒ I do / do not wish to receive a copy of my vaccination information at the same time that it is transferred.

(Please note that this will be posted to your home address)

I do / do not wish to see my vaccination information before it is transferred to my new Occupational Health Provider.

ONCE COMPLETED PLEASE EMAIL THIS FORM DIRECTLY TOghnt.occupational.health@nhs.net