Please return completed forms to [nurse@sanger.ac.uk](mailto:nurse@sanger.ac.uk)

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| **SECTION A – TO BE COMPLETED BY THE EMPLOYER** | | | | |
| **Individual Information:** | | | | |
| **Is this form for a:**  **New Employee; or a**  **Visiting Worker** | | | | |
| **Forename:** | | **Surname:** | | |
| **Company:** GRL Sanger Institute | | **Form sent by:** | | |
| Telephone Number: | | E-mail Address: | | |
| **Role/Job Information:** | | | | |
| **Job Title:** | **Anticipated State Date:** | | | |
| **Building & Room/Lab Number:** | **Anticipated Working Hours** | | | |
| **Job Hazard Identification:** | | | | |
| Is this person required to work in a laboratory? | | | | Yes  No |
| Will this person have access to live animals/unfixed animal tissues? \*1 | | | | Yes  No |
| Will this person be working with Schedule 5 organisms? \*2 | | | | Yes  No |
| Will this person be working with Ionising Radiation? \*3 | | | | Yes  No |
| **Please tick all hazards below that the work will involve:** | | | | |
| **Biological Hazards**  Biological Agents (HG2 or HG3) \*4  *(Please also check specific boxes below if appropriate)*  Cholera  Clostridium difficile  Influenza  Leishmania  Malaria  Measles  Meningococcus  Mumps  Mycobacterium Tuberculosis  Rubella  Schistosoma  Trypanosoma  Typhoid  Varicella (chicken pox) | | | **Biological Hazards cont’d**  Material of Human Origin \*5 (including blood, cell lines, tissue samples etc.)  Hepatitis B  Sensitisers (allergens) | |
| **Chemical Hazards**  Chemicals (including dusts and fumes)  *(Please also check specific boxes below if appropriate)*  Carcinogens  Mutagens  Teratogens  Formaldehyde  Phenol | |

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| **Job Hazard Identification cont’d:** | |
| **Please tick all hazards below that the work will involve:** | |
| **Physical Hazards**  Considerable Computer Work (>1 hour consistently p/day)  Manual Handling (regular lifting or moving of items)  Repetitive physical activities (including pipetting)  Prolonged periods of standing  Hand/Arm vibration  Working at (or near) moving machinery  Significant levels of noise (raised voices required)  Working at height | **Animal Hazards**  Mice for research  Fish or frogs for research  Live insects for research  Access to areas where mice/mouse waste is held (contractors, cleaners, etc.) |
| **Other Hazards**  Driving for work purposes  Night or shift work |
| **Job Hazard Guidance Notes:**  **For Managers**  1 If answered **YES** staff will be required to complete the Code of Conduct for Animal Workers included in their starter pack.  2Schedule 5 Organisms are those which are listed in the Antiterrorism, Crime and Security Act 2000 due to the risks they pose for use in acts of terrorism. Example organisms include Salmonella Typhi, Vibrio cholera, Polio virus. Please contact Safety for further advice if required.  4 If box **ticked**, staff will be required to attend an initial appointment with Occupational Health for advice on vaccinations, circumstances when they should not work with these organisms etc. If any of the specified organisms are also ticked, additional surveillance will be required in the form of either annual follow up by appointment or with the use of surveillance forms in order to establish any changes in health or provide required boosters or revaccinations. All information should be recorded in the individual’s records.  5 If box **ticked** staff will be required to read the Human Tissue Act (refer to Ethics guidance)  **For Human Resources**  1 If answered **YES** staff will be required to sign up to the Code of Conduct for Animal Workers and have appropriate screening with Agenda Security Services for working with animals.  2 If answered **YES** staff will be required to have appropriate screening with Agenda Security Services for working with Schedule 5 organisms as per the Antiterrorism, Crime and Security Act 2000.  3 If answered **YES** staff will be required to have appropriate screening with Agenda Security Services for working with Ionising Radiation.  **For Occupational Health**  4 If box **ticked**, staff will be required to attend an initial appointment with Occupational Health for advice on vaccinations, circumstances when they should not work with these organisms etc. If any of the specified organisms are also ticked, additional surveillance will be required in the form of either annual follow up by appointment or with the use of surveillance forms in order to establish any changes in health or provide required boosters or revaccinations. All information should be recorded in the individual’s records. | |

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| **SECTION B – TO BE COMPLETED BY THE INDIVIDUAL** | | | | | | |
| **Personal Information:** | | | | | | |
| **Date of birth:** Insert Date | | | | **Gender:** | | | |
| Employee Address:  **Postcode:** | | | | **Employee Contact Details**  **Home:** **Mobile:**  **Email:** | | | |
| **Occupational History** | | | | | **No** | | **Yes, please provide details:** |
| Have you ever worked in a dusty job? | | | | |  | |  |
| Have you ever worked in a noisy job (or job where you have had to shout to be heard)? | | | | |  | |  |
| Have you ever worked with chemicals/fumes/chemical mists? | | | | |  | |  |
| **Medical History**:  Please answer Yes or No if you have suffered from any of these conditions: (If you tick yes **you must provide further details** e.g. diagnosis, treatment received, ongoing etc.) | | | | | | | |
| **Medical Condition** | | | | | **No** | | **Yes, please provide details:** |
| Are you undergoing or waiting for any treatment from a doctor, dentist, physiotherapist, clinic, hospital or other health practises? | | | | |  | |  |
| Do you have any problems related to the nervous system such as stroke, multiple sclerosis or parkinson’s disease? | | | | |  | |  |
| Do you have diabetes or any hormone related condition? | | | | |  | |  |
| Have you ever suffered from fits, epilepsy, migraines, blackouts or persistent fainting or dizziness? | | | | |  | |  |
| Do you suffer from heart, circulatory or blood pressure problem? | | | | |  | |  |
| Do you have asthma, bronchitis, recurrent chest infections or other chest problems? | | | | |  | |  |
| Have you ever suffered from stomach ulcers, hernias, persistent diarrhoea or any other stomach or bowel complaint for which you have required medical treatment (excluding occasional stomach bugs)? | | | | |  | |  |
| Do you have a liver, kidney, bladder or urinary condition? | | | | |  | |  |
| Have you ever suffered neck or back pain, sciatica, pain and stiffness in a joint or limb that has ever stopped you doing your normal job? | | | | |  | |  |
| Have you ever suffered from any mental health problem such as but not limited to; stress, depression, anxiety, phobias, eating disorders or addiction (e.g. drugs & alcohol)? | | | | |  | |  |
| Have you ever suffered from eczema, dermatitis or another skin complaint? | | | | |  | |  |
| Is your hearing affected in any way that is not corrected by wearing a hearing aid? | | | | |  | |  |
| Do you have an eyesight problem which is not corrected with glasses/contact lenses? | | | | |  | |  |
| Do you have any known allergies that would cause you to collapse or become unwell? | | | | |  | |  |
| **Please answer the following as accurately as you can.** | | | | | | | |
| **Have you ever done any of the following:** | | | | | **No** | | **Yes, please provide details:** |
| Been told not to do certain work for medical reason (e.g. night work)? | | | | |  | |  |
| Had any disease or injury arising out of your work (e.g. deafness, back pain, asthma, dermatitis or stress)? | | | | |  | |  |
| Been retired from work or left a job because of ill health or injury? | | | | |  | |  |
| Do you feel you need any special aids or adaption’s for your work because you have a medical condition or disability, or are a new mother or pregnant woman? | | | | |  | |  |
| Do you consider that you have a physical or mental disability which has a substantial and long term negative effect on your ability to carry out day to day activities? | | | | |  | |  |
| **Please complete the information below for the immunisation listed below. If in doubt please check with your GP or previous OH provider.** | | | | | | | |
| Have you had a full vaccination course of Hepatitis B (3 vaccinations), if so what was the date of the third vaccination? | | | | |  | | (date) |
| Have you have had a Hepatitis B booster, if so on what date? | | | | |  | | (date) |
| Have you had your titre levels taken post vaccination or booster, if so what was the result and date? Please state result values in iu/l where possible | | | | |  | | (date) |
| Do you have any health conditions that would affect your ability to carry out the position detailed that have not been covered? : | | | | | | | |
| **How many days have you been off sick from work in the last 12 months**:       days  Please indicate the dates and details of this sickness absence below to the best of your recollection | | | | | | | |
| **From** | | **To** | **Reason** | | | | |
|  | |  |  | | | | |
| Please list all the tablets, medicines, inhalers, injections, ointments or other drugs that you are taking (both prescribed & over the counter): | | | | | | | |
| **Name** | | | **Dose** | | | **How often** | |
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Please note that the information contained herein will remain confidential however, Corazon Health will disclose to your employer the number of days sickness over the last year as declared on this form. We will not give any medical information about you to anyone else, including your managers, without your permission.

Information about a disability or medical condition will only be reported to the employer in general terms of your ability to perform your job. This will allow any health and safety risk to be assessed and reasonable adjustment considered.

All medical records held by Corazon Health are kept in accordance with the Access to Medical Reports Act 1998 as amended and the Data Protection Act 1998 as amended.

#### Declaration

I confirm that the information I have given on this form is a true history and record of my health. I understand that this information will remain confidential to Corazon Health, except for any general statements relating to my suitability for the position.

**Signed:**  **Date:**

(Employee) *Digital Signatures are acceptable*