## Health assessment

## For work with hazard group 3 organisms

Please return this form to Occupational Health either by email at [occupational-health@york.ac.uk](mailto:occupational-health@york.ac.uk) or to Occupational Health, Heslington Hall, University of York, York, YO10 5DD

## Your details

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **Date of birth** |  | **Gender** |  |
| **Nationality** |  | | |
| **Address** |  | | |
| **Work telephone number** |  | | |
| **Work email address** |  | | |
| **GP’s name and address** |  | | |

## Your medical background

Answer the questions below and provide additional details where necessary in question 13

|  |  |
| --- | --- |
|  | **Yes / No** |
| **1. Have you suffered from any bone marrow disorder or any form of cancer?** |  |
| **2. Do you have sickle cell disease?** |  |
| **3. Have you had your spleen removed?** |  |
| **4. Have you been treated with steroids in the past 18 months?** |  |
| **5. Do you have eczema, psoriasis or another skin disease?** |  |
| **6. Do you have any chronic lung or heart disorder?** |  |
| **7. Do you have any other health problem that may affect your resistance to infection?** |  |
| **8. Is there a history of immuno-deficiency or susceptibility to infection in your family?** |  |
| **9. Do you take any medicines (including non-prescriptive drugs) regularly?** |  |
| **10. Do you suffer from fits or blackouts?** |  |
| **11. Do you have any health condition or impairment that may affect your ability work safely in a laboratory eg restricted mobility, significant visual impairment, impaired hearing, coordination, dexterity or concentration?** |  |
| **12. Women only - Are you pregnant or considering pregnancy during the duration of this project?** |  |

**13. If you answered yes to any of the above questions please provide details of these below:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **14. Have you been vaccinated against Hepatitis B?** | Yes / No | **When**: |
| **14.a Has your antibody level been checked?** | Yes / No | |
| **If yes, what was the result:** |  | |

## Work place details

|  |  |
| --- | --- |
| **Department / section:** |  |

**Provide a brief description of your work:**

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| --- |
|  |

**What hazard group 3 human pathogens are you proposing to use in your research:**

|  |
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|  |

|  |  |
| --- | --- |
| **Do your work involve the handling of human tissue including blood or serum** | Yes / No |
| **Does your work involve field work abroad?** | Yes / No |

**If a risk assessment for your work requires any further specific vaccination or health surveillance then list here:**

|  |
| --- |
|  |

**List the name, phone number and email of your research group leader:**

|  |
| --- |
|  |

## Confirmation

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

## What to do next

* Once completed, send your form to Occupational Health, Heslington Hall, The University of York, YO10 5DD

## Privacy Notice

Please refer to the privacy notice here: <https://www.york.ac.uk/admin/hr/health-and-well-being/occupational-health/OH-privacy-notice.pdf>

## For completion by Occupational Health

|  |  |
| --- | --- |
| **Fitness classification:** |  |
| **Vaccination:** |  |
| **Periodic surveillance:** |  |
| **Data entry:** |  |
| **Notified:** |  |
| **Advice given:** |  |
| **Signed:** |  |
| **Date:** |  |