



# Research Passport: Occupational Health Clearance

Name of researcher:	
Date of birth:	Employer or place of study:

*The occupational health advisor should complete the information below about the applicant. This document will be made available to HR and research support staff in the employing organisation and in those NHS organisations where the applicant will be undertaking research. It should not contain confidential information without the consent of the applicant. In signing this form, the researcher consents to the sharing of relevant health information between occupational health staff of her/his employer and occupational health staff of those NHS organisations where she/he wishes to undertake research to inform the assessment of her/his suitability to conduct research within the NHS.*

*Any questionnaire, checklist or other document used in conducting an occupational health assessment must not be attached to this document or passed to any NHS organisation.*

Confirm which occupational health assessments have been carried out in respect of the applicant:

1	Occupational health self-assessment questionnaire including physical conditions, psychological conditions, current workplace adjustments	Y / N
2	Interview with occupational health staff	Y / N
3	Medical examination by occupational health staff	Y / N

Clearance details – In the opinion of the Occupational Health Advisor the applicant is:

1	Fit for the proposed research?	
2	Fit with the following adjustments or restrictions:	
3	Unfit for the proposed research?	
4	Is the applicant cleared for exposure-prone procedures?	Y / N

*In certain circumstances further screening may be considered necessary by occupational health staff in those NHS organisations where the applicant wishes to carry out research, e.g immunisation update.*

## Contact details of occupational health staff

Name: Gary Malcolm	Phone: (01904) 324608	Signed / dated:
Job title: Occupational Health Advisor		
Email: gary.malcolm@york.ac.uk		

## Vaccination history

*Other than verbal history of Varicella and visualisation of BCG scar, unless stated, all history verified with documentary evidence:*

Immunisation History			
1a	MMR vaccination	Dates: 1st	2nd:
1b	Measles, mumps and rubella blood tests	Date:	
		Result:	
2a	Hepatitis B vaccinations	Date: (1)	
		Date: (2)	
		Date: (3)	
2b	Hepatitis B booster	Date:	
2c	Hepatitis B antibody screening	Date:	
		Result:	
3a	Heaf, Mantoux or Interferon-gamma (TB test)	Date:	
		Result:	
3b	BCG (TB vaccination)	Date:	
4	Polio booster	Date:	
5	Tetanus booster	Date:	
6	Have you had chicken pox?	Yes / No / Unsure	
6a	Varicella (chickenpox) blood test	Date:	
		Result:	
	Varicella immunisations	Dates: 1st	2nd

### To be completed by the researcher before including this document in the Research Passport:

I consent to the information in this document being shared with relevant staff in the NHS for the purposes of ensuring my suitability to conduct research within the NHS. In addition, I consent to the sharing of relevant health information between my employer and those NHS organisations where I wish to undertake research to inform the assessment of my suitability to conduct research within the NHS.

Name:	Position:	
Signed:		Date: