

CONFIDENTIAL



Research passport occupational health questionnaire

This form contains confidential medical information and must not be copied or forwarded to anyone outside the occupational health service of the researcher's substantive employer/place of study. Only with the researcher's consent may any confidential information about the researcher be discussed with the occupational health service of NHS organisations where the researcher wishes to conduct research.

The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the research activities you will be undertaking 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.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the Occupational Health Adviser on (01904) 32 4608 / 32 2026.

Please return the completed *Occupational Health Questionnaire* along with the signed and dated *Evidence of Occupational Health Clearance* and any photocopies of immunisation history and blood test results to in a sealed envelope marked 'Confidential' to:

Occupational Health
Human Resources
Heslington Hall
University of York
YO10 5DD

Your details:

Title:	Name:	
staff / student	Job / course title:	
Department / place of study:		
Manager / supervisor:		
Telephone:	Mobile :	Date of birth:
Email:		Gender: Male / Female / Other

Brief description of research activities:

Description of proposed research work:
Location(s) of proposed research work:
If you are currently employed or are a current student, did you submit a pre-employment health questionnaire when you commenced your employment/study at this University? Y / N
During your research activity will you be involved in the following: <ul style="list-style-type: none">• Direct contact with patients/service users? Y / N• Direct contact with children? Y / N• Direct contact with vulnerable adults? Y / N• Direct contact with immuno-compromised patients? Y / N• Direct contact with New or Expectant mothers? Y / N• Regular clinical contact with patients/service users and direct involvement in patient care? Y / N• Non-clinical social contact with patients/service users but not directly involved in patient care (eg focus groups/certain interview studies)? Y / N• Working in a laboratory/mortuary and handling pathogens or potentially infected specimens? Y / N• Working with specimens containing specific organisms (eg typhoid, smallpox etc)? Y / N If Yes , provide details of the organisms here:
Will you be undertaking exposure-prone procedures (EPP) ¹ ? Y / N
Will you be at risk of exposure to blood-borne viruses? Y / N

¹EPPs are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (eg spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Vaccination history

Please give details of vaccinations and tests you have had. Where possible, give dates and results. Further NHS screening may be required depending on nature of research activities and information provided. It may therefore be advisable to provide as much detail as possible with documentary evidence, e.g. photocopies of blood test results or vaccination records.

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

Declaration of health

1	Do you currently have any health problems, including psychological problems, or are you awaiting surgery? Y / N
2	Are you presently receiving any prescribed medication, treatment or therapy except contraception? Y / N
3	How many days off sick have you had over the past two years?
4	Do you have any health or psychological condition that may affect your ability to perform the proposed research activity? Y / N
5	Do you have any health condition caused or made worse by work? Y / N
6	Do you have any disability or other health condition not mentioned above that may require additional help or support to perform the research activity? Y / N

If you have answered 'yes' to any of the above, please give details including dates and how it affects you now. Continue on a separate sheet if necessary.

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Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the form may be grounds for rejecting this application and/or subsequent disciplinary action.

I consent to relevant health information about me being shared between the occupational health service of my employer/place of study and the occupational health service of any NHS organisations where I wish to undertake research activities. I hereby agree to inform the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities of any changes in my health circumstances that may affect my ability to perform the research activity.

I understand my responsibility to notify the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities if I think I have had significant exposure to, or am carrying, a serious communicable condition such as Hepatitis B, Hepatitis C or HIV and to follow advice from a consultant in occupational health or another suitably qualified colleague about treatments and/or modifications to my practice.

I understand the importance of routine infection-control procedures, including the importance of hand hygiene, appropriate use of protective clothing and compliance with local policies in the NHS organisations where I wish to undertake research activities.

Signed:	Date:
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