

Please complete this self-assessment form and return to your line manager, or alternatively directly to the OH Provider Orbis Environmental and Safety.

For any assistance, please contact info@orbisenvironmental.com or call 01656 470 044

SENSITIVE AND CONFIDENTIAL

ABOUT THIS QUESTIONNAIRE

This Health Screening Questionnaire forms part of your Occupational Health Surveillance and Screening Programmes.

It is to be completed by employees to make sure the company are acting in line with best practice and legal requirements, such as the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010.

This questionnaire will form part of the employee's Occupational Health records and will be treated as confidential.

EMPLOYEE DETAILS

Title:		Gender:	
First Name(s):		Surname:	
Date of Birth:	AGE –	Email address:	


ROLE DETAILS

Company:	
Department:	
Job Title:	
How long have you been in your current role?	
Who is your Line manager?	

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Role Hazard Identification	
Do you work with the following hazards or Activities:	
Activity	Activity Being Undertaken in Role (If yes, please tick or mark with X)
Working at Heights	
Night Working	
Lone Working	
Work in Hot or Cold Environments	
Noise at Work (where shouting to be heard in normal)	
Work with Vibrating Equipment	
Driving a Company Vehicle	
Working with Ionising Radiation	
Open Food Handling	
Working with Category 3B or 4 Lasers	
Working with Infectious Pathogens (Hazard Group 2/3)	
Working with blood, human products, and human tissues	
Work in clinical areas with direct contact with patients NOT administrative roles	
Work with Allergens e.g., laboratory animals, pollen, dust, insects etc.	
Chemical Exposure, do you work with any substance, which has any of the following pictograms on their Material Safety Data Sheet (MSDS) :  Health Hazard, Toxic, Corrosive, Harmful	
Manual Handling requiring significant physical effort or multiple repetitions of the same movement.	
Travel outside of UK on Company Business	
Welding	
Paint Spraying	

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Health Questions			
Question 1 – Have you ever been diagnosed with an industrial health problem?	Yes	No	Date of Diagnosis
Hand Arm Vibration Syndrome (HAVs)			
Industrial Hearing loss			
Industrial Lung disease			
Industrial skin disease			
Other (please specify)			
Question 2 – Do you currently have any workplace adjustments in place or special equipment/aids, which assist you in performing your work activities?	Yes		No
Question 3 – Do you currently take any medication? If yes, please provide details below: <ul style="list-style-type: none"> • Dosage • How often you take it? • What is the medication taken for? E.G, asthma, Blood pressure 	Yes		No
Question 4 – Do you have any health conditions that may impact on your work? Please include any mental or physical conditions, recent surgery, injury, or any ongoing treatment.	Yes		No
Question 5 - Have you ever had any form of epileptic attack or fit / convulsion / blackout? Or ever suffered a serious head injury/ unconsciousness or concussion?	Yes		No
Question 6 - In the past 12 months have you experienced attacks of giddiness / dizziness, which occurred without warning?	Yes		No
Question 7 - Do you have any problems with movement or pain in any of your joints, muscles tendons or ligaments, including your back and neck?	Yes		No
Question 8 - Do you have any stomach or gastro-intestinal disorders? (e.g., irritable bowel, enteritis, typhoid, paratyphoid, dysentery?)	Yes		No
Question 9 – Do you have a history of heart or circulation problems? <i>If Yes, please provide details, including the extent to which you are affected and any medication taken, below:</i>	Yes		No

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<p>Question 10 – Do you have, or have you ever had, an increased vulnerability to infections?</p> <p><i>If Yes, please provide details, including the extent to which you are affected and any medication taken, below:</i></p>	Yes		No	
<p>Question 11 - Do you have, either on a permanent or intermittent basis, any skin conditions (e.g., eczema, psoriasis, rash)</p>	Yes		No	
<p>Question 12 – Do you have a dependency on Alcohol, Tobacco or any other substance?</p>	Yes		No	

If you have answered Yes to any of the above, please provide details, including any treatment and medication, and to what degree this condition affects you, below:

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Confidentiality

This questionnaire will form part of your medical records. All staff work to a strict code of ethics concerning the confidentiality of consultations and medical records. All staff, both clinical and non-clinical, cannot and will not disclose medical information of employees in their charge without the prior consent of those employees.

We will provide advice to the Company and its departments without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as sensitive personal data in respect of the GDPR and related UK data protection legislation.

Liaison with others

Personal information conveyed to Occupational Health will not be disclosed to anyone without your explicit and informed consent (other than in exceptional circumstances as outlined below). By law we will need to give an outcome of the assessment to the relevant manager; this will almost always be limited to a recommendation of fitness to continue with the usual work. If there is evidence of a medical condition arising from work activities, we will discuss this with you and seek your consent to provide advice to your manager about the next steps at work to protect your health.

Limitations to confidentiality

We can only release information without your consent in rare, exceptional circumstances; these are

- instruction to disclose by a Court Order
- if disclosure is necessary to prevent the exposure of you or others to a risk of death or serious harm. In these cases, we will continue to work with you and keep you informed. Only the minimum information would be disclosed.

How we manage the information you share with us

We keep paper based and electronic records of the information you provide to us. All personal and sensitive data that we hold is processed according to the requirements of the Data Protection Act and GDPR legislation 2018.

The Occupational Health Service collects anonymized statistical information for audit, evaluation, and freedom of information purposes only.

Employee Declaration	
The information provided on this form is correct and accurate to the best of my knowledge.	
If my exposure level changes or if I notice new symptoms, I will contact my Line Manager or HR / Occupational Health Services immediately.	
I declare that the information on this form is true and complete to the best of my knowledge.	
I agree that this form can be stored in my confidential occupational health records and processed within the General Data Protection Regulation.	
I agree this information <input type="checkbox"/> Can / <input type="checkbox"/> Can Not be shared with my employer.	
Name:	
Signed:	
Date:	