Pre - Placement Health Assessment

Part A – To be completed by personnel officer

Applicant Surname		First names
Mr / Mrs / Ms / Other	M / F	D.o.B.
Address		Telephone
		NI Number
Job Offered		Start date
Business / Department		Location
Shift pattern		Hours per week

Working conditions where a risk assessment has identified a requirement for regular health surveillance or specific occupational fitness assessment.

- ☐ Driving
- ☐ Food Handler
- ☐ Working at height
- ☐ Night work
- ☐ Lone working
- ☐ Confined space entry
- ☐ Display Screen Equipment user
- ☐ Work with substances that may cause asthma
- ☐ Work in a noisy environment. Noise > 85 dBA L,Epd
- ☐ Work with substances that may cause dermatitis
- ☐ Foreign Travel
- ☐ Other (specify)

Part B – Instructions for applicant

1 Check that the details in Part A above are correct, to the best of your knowledge.

2 Complete the Family Doctor and Next of Kin details below.

3 Complete part C and D of the questionnaire on the next two pages. Leave the rest of the form blank.

4 Return the questionnaire to Occupational Health in the envelope provided

Family Doctor	**Next of Kin**
Name	Name
Address	Address
Telephone	Telephone

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Part C – Health questionnaire MEDICAL INFORMATION – CONFIDENTIAL

Do you have, or have you ever had any of the following?

		YES	NO
1	Asthma, bronchitis or other lung disease.	☐	☐
2	Eczema, dermatitis or other skin problem.	☐	☐
3	Allergies	☐	☐
4	Diabetes	☐	☐
5	Fits, epilepsy, fainting or blackouts.	☐	☐
6	Psychiatric illness, trouble with nerves, depression, anxiety or stress related illness.	☐	☐
7	Dependency on or misuse of alcohol, drugs or other substances.	☐	☐
8	Disease of the heart or circulation including heart attack, angina or high blood pressure.	☐	☐
9	Stomach disorder including ulcer, recurrent heartburn or indigestion.	☐	☐
10	Bowel disorder including ulcerative colitis, Crohns disease, irritable bowel syndrome or persistent diarrhoea.	☐	☐
11	Bladder, kidney or urinary problems.	☐	☐
12	Infection such as hepatitis, tuberculosis, typhoid, dysentery or other serious infection.	☐	☐
13	Hernia or rupture.	☐	☐
14	Weakness, loss of sensation, loss of balance, vertigo or clumsiness affecting part of your body.	☐	☐
15	Trouble with your back or neck causing absence from work or a change in duties.	☐	☐
16	Other joint, tendon or muscle problems including upper limb/“repetitive strain” disorders and knee trouble.	☐	☐
17	Difficulty walking, standing, crouching, climbing, using stairs or other problems with mobility.	☐	☐
18	Difficulty hearing normal conversation.	☐	☐
19	Impairment of vision or eye disease.	☐	☐
20	Tests or treatment at a hospital or clinic (including operations).	☐	☐
21	Have you lost time from work due to illness over the past two years, or ever left a job for medical reasons?	☐	☐

List any medication that you are taking

If you answered yes to any question please write any comments in this space

Part D – Occupational and social history. CONFIDENTIAL

Disability Let us know about any disabilities you may have, and any special adjustments you might need

Smoking (smoking means at least one cigarette a day, a cigar a week or an ounce of tobacco a month)

	YES	NO
Have you ever smoked for as long as a year?	☐	☐

If yes how much do you or did you smoke?

If you are an ex smoker when did you last stop?

Alcohol

How many drinks do you have in a week on average?
(One drink is half a pint of beer, a glass of wine or a single short)

Previous employment

List your previous jobs since leaving school and any associated health hazards such as noise, dust/fumes, hand-arm vibration or repetitive work. If you have changed employer a lot over the years just do your best to list the *type* of work you have been doing.

Dates From -- To	**Employer**	**Job**	**Hazards**
			Continue on a separate sheet

Previous medical examinations

If you have had a medical examination with this company before, when was it and where?

Date Place

Declaration

I confirm that the information I have given on this form and questionnaire is true to the best of my knowledge

I understand that the medical information on this form will remain confidential to the occupational health department. I have received information about the occupational health confidentiality policy and compliance with the Data Protection Act. Human Resources and my Manager will be informed of my suitability for the job specified but no confidential medical information will be released without my consent.

Signed Date

Part E - Medical Examination Record – To be completed by occupational health staff or GP.

General appearance				
Height/weight	Ht (cm)	Wt (kg)	BMI	
Hygiene	Skin	Nails	Hair	Beard/moustache
Vision - unaided	R 6/	L 6/	B 6/	N
Vision - aided	R 6/ Type of correction worn	L 6/	B 6/	N
Vision - colour	Test performed		Result	
Hearing	Conversation	normal / abnormal	Whisper	normal / abnormal
ENT	Nose Right ear	Mouth	Teeth/gums Left ear	
Cardiac	P Heart sounds	BP 1	BP 2	BP 3
Respiratory	Chest sounds			PEFR
Abdomen	Organomegaly/masses			
Musculoskeletal	Mobility		Flexibility	
Urine	Blood	Protein	Glucose	Other
Additional tests				

Additional history and examination findings. (continue on history sheets)

Signed **Name**

Date

Part F – To be completed by Occupational Health Staff

Periodic medical examinations / health surveillance programmes commenced (list). Spirometry / audiometry recorded on separate sheet where applicable

☐ Fit for proposed employment based on questionnaire alone. No medical examination required.

☐ Fit for proposed employment. Medical examination completed and satisfactory .

☐ Referred to Occupational Physician for opinion.

Signed **Date**