Confidential: PROTECT

Work Health Assessment

For Employees in Education

This form should be used to provide an overview of the health of a potential or existing employee who is seeking to take on a new role within the organisation. This information is used to make an assessment of an individual's health and their ability to fulfil the duties of the role they have been offered; therefore it is essential that the information provided is accurate and complete.

- The applicant should complete the entire form, answering all questions, and return the completed form using our online system, or if this is not possible, by using the details below.

Delays in returning this form may lead to delays in confirming your appointment.

For assistance with this form or the process for which this form is part, or to submit the completed form, please contact;

Team Prevent, Warwickshire County Council, Shire Hall, Warwick CV34 2AJ.
Email: teamprevent@warwickshire.gov.uk, Tel.: 01926 418125.

FOR OFFICE USE ONLY				
Outcome of OH Review	☐ Fit	☐ Fit with Adjustments*	☐ Not Fit	* if appropriate please outline adjustments above

Position Details

Job Title		
Organisation		
JEID Number*		*applicable for all single status positions

Personal Details

Forename(s)					
Surname		Title *(e.g. Mr, Mrs)*			
Address					
Town / City		Postcode			
Telephone Number		E-mail Address			
Date of Birth		Are you a current employee?	☐ Yes	☐ No	
If YES, please provide your Employee Number					
If NO, please provide your National Insurance Number					

Team prevent

Warwickshire County Council

Health History

Please answer ALL questions to provide a detailed understanding of your health and wellbeing, thereby allowing a full assessment of your fitness to work. This forms part of any conditional offer of employment; therefore it is essential that the information provided is accurate and complete.

Health Details

Please outline below any of your previous jobs / occupations (including your job title and employment dates) that may have caused health problems.		
Are you on a hospital waiting list for investigation or treatment?	☐ YES	☐ NO
Are you regularly attending hospital, community clinic or seeing a doctor?	☐ YES	☐ NO
When did you last see your GP?		
What was the reason for your visit?		
Are you taking any tablets or medication at present?	☐ YES	☐ NO
If YES, please provide details of below;		
Have you ever retired from a job for medical reasons?	☐ YES	☐ NO
Are you currently employed by the school or the Council?	☐ YES	☐ NO
If YES, please provide details of your job title, directorate and start date below;		
If NO, have you ever been employed by the school or the Council?	☐ YES	☐ NO
If YES, please provide details of your job title, directorate and start date below;		
Have you ever had a pre-employment assessment / medical?	☐ YES	☐ NO
If YES, please provide details of when and where below;		

Medical Questionnaire

Please ensure that all questions are answered. It should be noted that a positive answer to any question does not automatically bar an applicant from consideration for employment.

Are you suffering from or have you ever suffered from any of the following?		
Any conditions relating to your heart (e.g. angina, chest pains, palpitations)	☐ YES	☐ NO
Any circulatory conditions (e.g. high or low blood pressure)	☐ YES	☐ NO
Any respiratory or chest problems (e.g. bronchitis, pneumonia, asthma or frequent chest infections)	☐ YES	☐ NO
A cough that lasted for over three weeks in the last year	☐ YES	☐ NO
Situations where blood was coughed up	☐ YES	☐ NO
Any psychological problems (e.g. nervous breakdown / depression / anxiety or stress related illness)	☐ YES	☐ NO
Any eyesight condition that cannot be corrected by wearing spectacles or contact lenses	☐ YES	☐ NO
Any ongoing hearing problems or ear disorders (e.g. deafness, tinnitus or the need to wear a hearing aid)	☐ YES	☐ NO
Any recurrent ear infections	☐ YES	☐ NO
Any eye problems or eye disease, do you wear spectacles or contact lenses, do you have monocular or tunnel vision?	☐ YES	☐ NO
Any back problems (e.g. backache, back injury, recurrent back pains or disc problems)	☐ YES	☐ NO
Any problems or difficulties in bending, lifting, sitting or standing for long periods?	☐ YES	☐ NO
Any tendon problems (e.g. tenosynovitis, carpal tunnel or 'tennis elbow'?	☐ YES	☐ NO
Any other joint problems (e.g. rheumatism, arthritis)	☐ YES	☐ NO
Any restriction in movement of the neck, back arms, legs or hands?	☐ YES	☐ NO
Any skin diseases, complaints or conditions that requires medical treatment (e.g. dermatitis, psoriasis, eczema)	☐ YES	☐ NO
Any stomach or bowel problems (e.g. ulcer, diarrhoea, irritable bowel syndrome)	☐ YES	☐ NO
Any gastro-intestinal or abdominal problems (e.g. Hernia, Gall Stones)	☐ YES	☐ NO
Any gland disorders (e.g. diabetes, thyroid)	☐ YES	☐ NO
Any blood disorders (e.g. anaemia, Hepatitis B)	☐ YES	☐ NO
Any other form or hepatitis or jaundice	☐ YES	☐ NO
Any neurological conditions (e.g. vertigo, epilepsy, balance problems, fainting attacks or giddiness)	☐ YES	☐ NO
Migraines, severe or frequent headaches?	☐ YES	☐ NO
Any long-term or debilitating illness (e.g. Multiple Sclerosis)	☐ YES	☐ NO
Any condition relating to Hand Arm Vibration Syndrome (HAVS)	☐ YES	☐ NO
Any drug or alcohol dependency problems	☐ YES	☐ NO
Anorexia / bulimia or other eating disorder	☐ YES	☐ NO
Any other mental health problems / illnesses	☐ YES	☐ NO
Unexplained weight loss, fever or night sweats in the last year	☐ YES	☐ NO
Chest X-ray (do not have one unless requested to do so)	☐ YES	☐ NO

Any known allergies (e.g. latex, drugs, chemicals, foods, or hayfever)	☐ YES	☐ NO
Any other serious illness, infection, operation or injury not mentioned	☐ YES	☐ NO
If you have answered YES to any of the above questions, please provide details below, indicating if you have been treated by your GP or hospital;		

Declaration

I certify that I have answered all the questions to the best of my ability and knowledge. If required, I understand that I may need to provide further details of anything disclosed in this questionnaire. I understand that withholding information or knowingly giving incorrect information about my health on this form may result in disciplinary action or dismissal. If deemed necessary, I consent to a medical interview / assessment and agree that Occupational Health will advise my employer about my fitness to work and if this presents a health and safety hazard to staff, or Council service users or myself.			
Signature		Date	

This form should NOT be returned to the Recruiting Manager or the Recruitment Centre, and will not be shared with the organisation at any stage. The entire completed form should instead be sent to Occupational Health using the details provided.