**Pre-placement Health Check**

*Medical in Confidence –can only be assured if posted*

Form MED 1 v5

 *or emailed directly to Occupational Health.*

**Section A. Must be completed by Appointing Officer or HR Support before the questionnaire is given to applicant, with an envelope marked Private and Confidential and addressed to Occupational Health Unit, Gateshead Civic Centre, and after a conditional offer of employment.**

***Occupational Health will be unable to process the form if this section is not completed.***

|  |  |
| --- | --- |
| Proposed position (full title, no abbreviations):  | Salaried Post: XVolunteer Post: |
| Group: Corporate Resources | Service/School: Kingsmeadow School |
| Hours of work: Full Time | Newly Qualified Teacher: Yes No x |
| Name of Appointing Officer: Maxine Webb | Appointing Officer 0191 4606004 |
| Name of Human Resources Support Contact:Shelagh Choppen | HR Support Contact 0191 4332960 |
| Does the risk assessment for the post indicate a requirement for health surveillance for: N/AExposure to Noise Exposure to Chemicals/Dusts/Fumes Exposure to Vibration |
| Does the work involve any of the tasks below? Yes No X If yes please indicate which: Heavy Manual Handling Working with Moving Machinery Work at HeightsWorking in Isolation Night Work Food Handling Exposure to Potentially Sensitive InformationDriving Minibuses Fork lift Trucks Large Goods Vehicles (Safeguarding and Children)  |

#  All further sections to be completed by the Applicant.

# If Section A above is not fully completed, please return the form to the issuer and request that they complete it *before* you fill it in.

Gateshead Council considers the health and well-being of its workforce to be of paramount importance. The purpose of this questionnaire is to determine functional capacity and fitness for the post you have been offered, and to assist in identifying any reasonable adjustments which may be necessary to support you in your role.

Any assessment required will be carried out by an Occupational Health professional, which may require an appointment in the Occupational Health Unit. .

The information in this form will be kept strictly confidential within the Occupational Health Unit and will not be used by, or disclosed to, any other party without your written consent. However, we do not have any control if you give this form to a 3rd party. Please post or email directly to Occupational Health.

Please answer all questions, sign and date the form. .

 **Section B - Personal Details** *Please write in* ***BLOCK CAPITALS***

|  |  |
| --- | --- |
| Title: Mr /Mrs /Miss /Ms /Other | Date of birth: |
| Surname: | Forenames: |
| Address: |
| Post code: |
| Home telephone number: |  Mobile number: |

# Section C - Health Questions

Please read carefully the following health declaration

Do you have any current physical or mental health conditions or disability that would affect your ability to perform the duties of the role? Yes No

Do you require any adjustment or adaptations to the work, work equipment or the workplace to enable you to do the job? Yes No

Do you have, or have you ever had, any health problems that may have been caused, or might be made worse by your work? Yes No

Are you undergoing or waiting for any medical treatment or investigation, or taking any medication which could affect you at work? Yes No

If you answer yes to any of the questions, please provide more detail in the space below. If there is insufficient space then please write on the back of this form. If you are unsure then please do not hesitate to contact Occupational Health for more advice on 0191 433 3273.

**Section D - Food Handling**

Only complete this section if the post you have applied for entails food handling in any capacity (including work in service users’ homes, community centers, etc.).

Do you suffer from any skin infections which affect your hands or face? Yes No

Do you have any bowel disorders, reoccurring skin/eye/throat/ infections or jaundice? Yes No

Have you had or are you a carrier of typhoid, paratyphoid, salmonella (typhi) or paratyphi? Yes No

Have you been in contact with anyone in the past 21 days who has had typhoid or paratyphoid? Yes No

Have you been unwell since recently visiting a foreign country? Yes No

If you answer yes to any of the questions, please provide more detail in the space below. If there is insufficient space then please write on the back of this form. If you are unsure then please do not hesitate to contact Occupational Health for more advice on 0191 433 3273.

# Declaration by the Applicant

I declare that the information given on this form is correct and complete to the best of my knowledge. I understand that a report about my fitness to work, impact of disability (if any) and reasonable adjustments required, will be issued to the Appointing Officer or HR Support by the Occupational Health Unit.

I agree to an assessment with an Occupational Health Adviser or Physician if considered necessary as part of this pre-placement health check.

Signed: Date:

Please send this questionnaire directly to: **Occupational Health Unit, Civic Centre, Regent Street, Gateshead NE8 1HH,** or by direct email to: **csoccupationalhealth@gateshead.gov.uk.**

# For Occupational Health Unit use only

Unable to contact:

|  |  |  |
| --- | --- | --- |
| Message issued: | date:  | date:  |
| No response: Notes: | date:  | date:  |

Health surveillance required: Yes No Type: Driver HAVS Noise Respiratory Skin Other Appointment length required: minutes Occupational Health Adviser consultation required: Yes No

Occupational Health Physician consultation required: Yes No

Fit for post without recommendations Medically unfit

Fit for post with recommendations

Recommendations / Reasonable adjustments required to support new employee.

Name Signed Date

Please record any additional information on this sheet.

If you would like more information or help with this form please do not hesitate to contact Occupational Health on 0191 433 3273.