Medical Questionnaire

Our aim at Tuncare healthcare services ltd is to ensure that our staff work in a healthy and safe environment and we are committed to promote your health and safety at work.

Before we can offer you employment we would like to know if you have any health problems that could affect your ability to undertake certain tasks pertaining to your role. After the assessment we may recommend certain adjustments to enable you to perform your job.

Personal Information			
Title (Mr, Mrs, Miss, Dr etc):			
Surname:		Forenames:	
Current Address:			
Postcode:		D.O.B:	
Mobile Phone Number:		Home Phone Number:	

GP Details			
GP Name:			
GP Address:			
Postcode:		Telephone Number:	

Job Details			
Tell us about the job you have applied for: If it involves any of the following please tick box			
Working in confined spaces:		Working during the night:	
Lifting heavy loads:		Driving:	
Exposure to needles or syringes:		Visual Display Unit (Periods of 2 hrs or more a day):	
Other:			

Previous employment in the last five years

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Employer	Nature of your work	Start date	Finish date

All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	☐	☐
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	☐	☐
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	☐	☐
Do you think you may need any adjustments or assistance to help you to do the job?	☐	☐

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last 5 years?	☐	☐
If you answered no above, please list all of the countries that you have lived in over the last 5 years		
Have you had a BCG vaccination in relation to Tuberculosis?	☐	☐
If you answered yes please state when	Date:	
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	☐	☐
Unexplained weight loss	☐	☐
Unexplained fever	☐	☐
Have you had tuberculosis (TB) or been in recent contact with open TB	☐	☐

Chicken Pox or Shingles

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Have you ever had chicken pox or shingles		
Yes	No	Date

Immunisation History									
Have you have any of the following immunisations							Yes	No	Date
Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)							☐	☐	
Polio							☐	☐	
Tetanus							☐	☐	
BCG Vaccination							☐	☐	
TWO M.M.R's							☐	☐	
Varicella (Chickenpox)							☐	☐	
Hepatitis B (If Yes is ticked please give dates below)							☐	☐	
Course:	1		2		3				
Boosters:	1		2		3				

HIV								
Have you had a HIV Test	Yes:	☐	No:	☐	Date:		Result:	
Do you have reason to believe that you may have been exposed to HIV infection	Yes	☐	No	☐				

HEPATITIS C								
Have you had a Hep C antibody Test	Yes:	☐	No:	☐	Date:		Result:	
Do you have reason to believe that you may have been exposed to Hep C infection	Yes:	☐	No:	☐				

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)

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Email: info@tuncarehealthcare.com | **Website:** www.tuncarehealthcare.com

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Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Important Information (IVS)
The healthcare worker should show proof of identity with a photograph – NHS trust identity badge, new driver's licence, credit cards, passport or national identity card – when a sample is taken.

Exposure Prone Procedures				
Will your role involve Exposure Prone Procedures	Yes:	☐	No:	☐

Recommendations	
I understand that if any recommendations to my employer are necessary as a result of this Assessment.	
I give consent for the Tuncare healthcare services ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first	☐
I would like to see a written copy of any recommendations the Health and Work Centre may make to my employer before they are sent to my employer.	☐

Declaration		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief		
Name:	Signature:	Date: