Smart Arrow Agency
info@linkoptionservices.com

# SMART ARROW AGENCY NEW EMPLOYEE MEDICAL QUESTIONNAIRE

## CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Smart Arrow Agency and may need to be seen by any occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness, should we register with other clients of Smart Arrow Agency.

| **Personal Information** | | | |
|---|---|---|---|
| **Title** | **Surname** | **First Name** | **DOB** |
| | | | |
| **Home Tel:** | **Work Tel:** | **Mobile:** | |
| **Home Address:** | | **GP Address:** | |

| **Medical History** | | |
|---|---|---|
| **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 wanting 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 do the job?** | ☐ | ☐ |

If you have indicated yes to any of the above questions you must provide further details in the additional information section, failure to do so will result in the form being returned **rejected**.

| **Additional Information**<br>**(If you have answered yes to any of the questions above please provide additional information below)** |
|---|
| |

| **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 year (Include Holidays/ Vacations)** | ☐ | ☐ |

| **If you answered NO to the above, please list all of the countries that you have lived in/ visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected** |
|---|
| |

| **Have you had a BCG vaccination in relation to Tuberculosis?** | | **Yes** ☐ | **No** ☐ |
|---|---|---|---|
| **If you answered yes please state when** | **Date** | | |

| **Tuberculosis Continued** | | |
|---|---|---|
| **Do you have any of the following** | **Yes** | **No** |
| **A cough which has lasted more than 3 weeks** | ☐ | ☐ |
| **Unexplained weight loss** | ☐ | ☐ |
| **Unexplained fever** | ☐ | ☐ |
| **Have you had tuberculosis (TB) or been in recent contact with open TB** | ☐ | ☐ |

| **EVD (Ebola Virus Disease)** | | |
|---|---|---|
| **Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable** | **Yes** | **No** |
| **Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)** | ☐ | ☐ |
| **If you answered yes to the above, please list all of the countries that you have lived in/ visited in the last 21 days including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.** | | |

| **Additional Information**<br>**(If you answered yes to any of the questions above please provide additional information below)** |
|---|
| |

| **Chicken Pox or Shingles** | | |
|---|---|---|
| **Have you ever had chicken pox or shingles** | | |
| **Yes** | **No** | **Date** |
| | | |

| **Immunisation History** | | | | | | |
|---|---|---|---|---|---|---|
| **Have you had any of the following immunisations** | | | | | **Yes** | **No** | **Date** |
| **Triple vaccination as a child (Diphtheria, Tetanus/ Whooping cough)** | | | | | ☐ | ☐ | |
| **Polio** | | | | | ☐ | ☐ | |
| **Tetanus** | | | | | ☐ | ☐ | |
| **Hepatitis B (If Yes is ticked please details below)** | | | | | ☐ | ☐ | |
| **Course:** | **1** | | **2** | | **3** | |
| **Boosters:** | **1** | | **2** | | **3** | |

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| 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 roof of a positive antibody for Rubella and Measles** |
| **Hepatitis B** | **You must provide a copy of the most recent pathology report showing titre levels of 100Iu/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)** |
| **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)** |

| Exposure Procedures | | |
|---|---|---|
| **Will your role involve Exposure Prone Procedures** | **Yes** ☐ | **No** ☐ |

| Declaration | | |
|---|---|---|
| **I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.**<br>**I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Smart Arrow Agency to make recommendations to my employer.** | | |
| **Name** | **Signature** | **Date** |
| | | |