

University of St Andrews - School of Medicine Handbook
PRE ENTRY OCCUPATIONAL HEALTH QUESTIONNAIRE

You must complete the attached form and attach your medical evidence then return it as soon as possible and no later than the end of July.

Please send any completed forms and any questions to: md2000@st-andrews.ac.uk

Advice

- Please complete the attached form as fully as possible. There will be an opportunity to discuss the contents with an occupational health staff member early in the course.
- Postal address: this should be the address that you currently reside.
- Remember to sign the Declaration at section 6 on page 5.
- If you require extra support and/or adjustments to be made due to health/disability, you must get in touch with the University Disability Team as soon as possible, email disability@st-andrews.ac.uk
- If you disclosed any health issue in your personal statement, you should give further information about this in this questionnaire.
- If you are anticipating any medical intervention which may disrupt your studies, please email medsupport@st-andrews.ac.uk.
- Below are some examples of health conditions that we recommend you mention if they apply to you:
 - If you have eczema (dermatitis) of the hands, or you have a known allergy to latex (natural rubber)
 - A condition that does, or might impact your mobility / manual dexterity
 - If you have recently had treatment for cancer e.g. chemotherapy or radiotherapy
 - If you have a potential problem with your immune system e.g. taking regular steroid tablet, HIV infection etc.
 - If you are prone to depression/anxiety or have some other underlying mental health condition including eating disorders or self-harm
 - If you have diabetes, especially if you use insulin or have any health problems related to your diabetes
 - If you have epilepsy or any condition which results in loss of consciousness or collapse

Student Pre- Placement Health Questionnaire

Confidential Health Questionnaire, please read and complete the following form:

Please complete the following form as fully as possible.

The information in this form will be kept strictly confidential within the Occupational Health & Wellbeing Service of NHS Fife and will not be used or disclosed to any other person without your consent. This completed form is a confidential document and should be returned to Occupational Health & Wellbeing using the process outlined by the university.

Section 1: Your personal details

Surname:	Date of Birth:
First Name(s):	Sex (please circle) M F
Maiden Name:	
Full Postal Address:	
	Postcode:
Home Telephone:	Home email:
Mobile Number:	
Prospective Course Title:	
Prospective University:	

Section 2: Present and previous employment including NHS employment

Job Title	Employer Address	From	To	Reason for leaving

Section 3: Sickness absence

Have you had time off from work or education in the last 2 years due to illness?

Date and length of Absence	Reason for absence

Section 4: Health and ability questions

Please tick the appropriate box for the following questions and give details as fully as you can. If the answer to any of the following questions is **“yes”** please give details, including dates where relevant.

Please note that if any information is false or has been deliberately omitted, you may be regarded as ineligible for your course.

		YES	NO	Please give details/ full answer
1.	Do you have, or have you ever had, any medical conditions or operations? (including serious infections)			
2.	Have you ever received or are you receiving any treatments such pills, ointments, tablets, inhalers, injections, self-medication, homeopathy, physiotherapy or any other treatment or therapy?			
3.	Have you ever suffered a work-related illness, or given up work because of ill health?			
4.	Have you ever had any physical limitation which might affect your ability to work? (including vision or hearing)			
4a.	If yes, have you had any workplace adjustments for this during previous / current employment or voluntary work?			
5.	Have you ever had any kind of back, joint, bone or muscle problem?			
6.	Do you have or have you ever had:			
	a. A skin problem?			
	b. Any allergies?			
	c. A cough that lasted for more than 3 weeks?			
	d. Unexplained weight loss?			
	e. Unexplained fever?			

		YES	NO	Please give details/ answer
7.	Have you ever had any mental illness of any sort which might affect your ability to work in any way? (including anxiety, depression, psychosis, self-harm, eating disorders, psychological or emotional problems)			
7a.	If yes, have you had any workplace adjustments for this during previous / current employment or voluntary work?			
8.	Have you ever had any kind of drug, substance or alcohol problem/ misuse of any sort?			
9.	Have you returned from living or working in an area of the world where you have been exposed to serious infectious diseases such as open TB, Hepatitis B, C or HIV since your last job in the UK or are you new to the UK?			<i>If yes, please list which countries?</i>
9a.	Have you been in paid employment in the NHS before August 2008?			<i>If yes, where?</i>
10.	Are you currently waiting for investigations / treatment/ surgery or other intervention at present?			
11.	Do you wish to discuss any health issues with a member of the Occupational Health Team?			

Offer of blood tests for standard health clearance: If you are **new** to working in the NHS from August 2008 and will have direct “hands on” clinical contact with patients, you are being offered the opportunity to have your blood tested for certain blood borne viruses (including HIV and Hepatitis C) if you wish. Whether or not you take up this offer will not influence your fitness for the course (unless your course requires you to be screened for EPP duties, in which case additional health clearance checks will be required or evidenced. This is explained on next page).

This offer is made according to the Scottish Government Guidance “Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with direct clinical contact with patients, 2008”

Section 5: Immunity and Immunisation Status (communicable diseases screening):

All healthcare workers with patient contact should provide evidence to show immunity to Pertussis (whooping cough) TB, Measles, Rubella (german measles), Varicella (chicken pox), and Hepatitis B. In addition, doctors, dentists, nurses, midwives, ambulance technicians and others undertaking exposure prone procedures (**EPPs***), are required to provide evidence of having undergone validated (**IVS****) blood test to prove they are non-infectious for Hepatitis B, Hepatitis C and HIV viruses.

If you have this evidence please attach to this questionnaire. If you do not have this evidence an appointment will be arranged for you to attend Occupational Health & Wellbeing to undertake this screening. You will not be able to have patient contact until this screening is complete. If you are aware that you have any infectious disease or other health related condition that may impact upon your clinical contact with patients, you have a responsibility to discuss these with Occupational Health & Wellbeing clinical staff.

***Definition of Exposure Prone Procedures (EPPs):**

Those procedures where there is a risk that an injury to the worker may result in the exposure of the patient's open tissue to the blood of the worker – as result there would be a risk to the patient if the worker was a carrier of Hepatitis B, Hepatitis C or HIV. EPP workers require to provide IVS proof of their blood borne virus status.

Employees who may be involved in exposure prone procedures are:

- Medical staff in Surgical areas, Theatres, Accident and Emergency, Obstetrics and Gynaecology, ITU / CICU and renal units. This includes medical students and staff clinical attachments to these areas if they are undertaking EPPs duties.
- Trained Nursing staff in the above areas, including nursing and midwifery students.
- All Dentists and dental hygienists. All surgical Podiatrists.

****Definition of Identified Validated Samples (IVS):**

These are blood samples that must be taken by a UK NHS Occupational Health Service who has confirmed your identity by **checking photographic ID**, this includes a passport, photographic driving licence or a photographic ID card. The blood sample must be transported to the laboratory by agreed mechanisms and not taken by the healthcare worker. **You MUST bring Photographic ID to any OH appointment you are offered**

Laboratory reports: Please include copies of Laboratory results which must be from a UK recognised Laboratory for Hepatitis B, Hepatitis C and HIV.

Please complete all relevant boxes:

HEPATITIS B:			
I have had Hep B vaccination (please tick)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, complete the following boxes:			
Date(s) of Primary course:			
Hep B antibody level (anti-hep b):	Date checked:	Booster Due:	
<i>If Hepatitis B Markers have been tested, please record results in the boxes below:</i>			
Core antibody (Anti-HepB c):	Surface antigen (HepB sAg):	'e' antigen (HepB eAg):	
Viral load:	Date markers tested:	IVS evidence provided / attached?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HEPATITIS C and HIV: If you have been tested, please record result below:			
Hepatitis C Virus Antibody	Hep C antibody result:	IVS evidence provided / attached?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIV Antibody	HIV antibody result:	IVS evidence provided / attached?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Please complete all that is relevant, leave rest blank</i>	Date of disease (if relevant)	Result of blood/skin test to check immunity:	Date of blood /skin test or vaccination?

Chickenpox or shingles (varicella) NB Provide your evidence		Blood test:	Date Blood test: Date Varicella 1st dose: Date Varicella 2nd dose:
Rubella (German measles) NB Provide your evidence		Blood test:	Date Blood test: Date MMR 1st dose: Date MMR 2nd dose:
Measles NB Provide your evidence		Blood test:	Date Blood test: Date MMR 1st dose: Date MMR 2nd dose:
Tuberculosis (TB) NB Provide your evidence		Skin/ Mantoux: Blood test:	Date Skin/ Mantoux: Date Blood test: Date BCG:
BCG vaccination	Have you ever had a BCG vaccination? If yes, please provide evidence	Yes / No Date BCG:	
BCG Scar check	Do you have a visible BCG scar? If yes, has this scar been viewed by NHS Occupational Health nurse? If yes, please provide evidence	Yes / No Yes / No	
Date of last vaccination/ booster of:			
Polio			
Tetanus			
Diphtheria (Lab staff only)			

Section 6: Declaration by preferred candidate

I certify that the information given on this form is true and complete to the best of my knowledge. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible to continue with the course. I understand that medical details will not be divulged without my permission to any person outside Occupational Health & Wellbeing, but an opinion about my fitness for the course will be given to the university including any advice on adjustments, modifications or restrictions as may be deemed necessary as a result of the Occupational Health & Wellbeing occupational health assessment.

I agree to an Occupational Health record being kept recording my health while a Medical Student at St Andrews University. I understand that it is a requirement for medical Students to comply with GMC guidelines on self care and am aware that progression through the course may be reliant on my having complied fully with Occupational Health advice.

IMPORTANT: please ensure you attach any immunisation / blood result details to this questionnaire failure to do so can delay your progression through the Occupational Health assessment

Name in capitals:		Signed:	
Designation (Mr/ Mrs/ Ms/ Dr/ Prof. etc.)		Date:	

Thank you for completing this Occupational Health & Wellbeing health assessment form.

Should you require this form in a community language or the information contained in the form transcribed into an alternative format such as Braille, or Large Print, Audio etc. or should you require the services of a British Sign Language interpreter and an advocate to act on your behalf, in the first instance please contact St Andrews University.