



Dear Student

I am writing to introduce the NHS Tayside Occupational Health (OH) Service to you.

On behalf of the University/College we will undertake your initial pre-placement health screen. The pre-placement health questionnaire accompanies this letter. Please read it carefully and once completed return to:

**NHS Tayside
Occupational Health Service
Wedderburn House
1 Edward Street
Dundee
DD1 5NS**

Note

It is important that you complete this form as soon as you have been provided with a firm unconditional offer of a place. As most students will be offered a face to face screen it is likely you will be offered an appointment to attend the department prior to the start of your course. If you are on holiday and/or unavailable on certain dates prior to the start of the course it would be appreciated if you would enclose details with your questionnaire so that an appropriate appointment can be offered.

Below are some examples of health conditions that we recommend that you talk to us about.

Please note that this is not a comprehensive list and if you have any concerns about the impact of a pre-existing health problem and/or medication etc on your ability to do your job, or you are worried that your work might exacerbate your condition, please append the information to the questionnaire. You may also wish to consider contacting the University/College Disability Team

- If you have eczema (dermatitis) of the hands, or you have a known allergy to latex (natural rubber) .We will advise you as to the risks, if any, to your skin and can give guidance to you and the university about hand washes etc that might be easier on your skin than others.
- If you have previously been diagnosed with an asthma caused by a substance in a previous workplace (occupational asthma).
- If you have a condition that does, or might impact on your mobility / manual dexterity e.g. multiple sclerosis, 'slipped disc' etc, we can advise the university about potential adjustments that may help
- If you have recently had treatment for cancer e.g. chemotherapy or radiotherapy we can advise on precautions, or adjustments that might allow you to settle into your new job with minimal impact on your health.
- If you have a potential problem with your immune system e.g. taking regular steroid tablets, HIV infection etc, it would be important for us to be aware of this so that we can advise you as to what vaccinations you can safely have etc and/or adjustments to your clinical placements etc

- If you are prone to depression or have some other underlying mental health condition e.g. an eating disorder / episodes of self-harm etc, you may wish to talk to us so that we can suggest measures that might help reduce the risk of recurrence, particularly if you are aware of potential trigger factors.
- If you have diabetes, especially if you use insulin, or have any health problems related to your diabetes we can advise the university about potential adjustments that may help ensure optimal management of your diabetes whilst at work.
- If there are any aspects of your health that you are concerned about in relation to your training. It may be that you have had a physical or mental health problem in the past which hasn't quite resolved or you are on long term medication and some modifications to your work might make it easier for you. You may be worried about current symptoms. Even if you are unsure whether or not your health might impact on your ability to study effectively and go on clinical placement, or vice versa, do ask us. We can't guarantee to sort everything out but we will work with you and the university to do whatever is possible.

All students are offered appropriate immunisations against infections to which you may be exposed at work; the precise range of immunisations will depend on where you work. We may send you a separate appointment to come to OH for updates, screening or booster immunisations if required.

Dr Paul Lewthwaite
Consultant Occupational Health Physician
Occupational Health

Our opening hours are Monday to Friday 8.30am – 4.30pm
Telephone 01382 346030
Tay-UHB.occhealth@nhs.net

Pre-Placement Health Assessment
NHS Tayside Occupational Health
 Wedderburn House, 1 Edward Street, Dundee DD1 5NS
 Tel 01382 346030

Universities of Dundee and St Andrews
Dundee & Angus and Perth Colleges

Candidate: Please ensure that you complete sections **A** to **G**. **Only** complete section **H** if you have a health condition that may impact on your studies or placements.

Section A	
Name of candidate:	DOB
<p>Course:</p> <p>Medical <input type="checkbox"/></p> <p>Dental <input type="checkbox"/></p> <p>Nursing <input type="checkbox"/></p> <p>HNC <input type="checkbox"/></p> <p>Post Grad <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify course name :</p> <p>.....</p>	
<p>Please tick which University / College you will be attending</p> <p>University of St Andrews & Dundee (ScotGEM) <input type="checkbox"/></p> <p>University of Dundee <input type="checkbox"/> Tayside/Fife Campus(delete as appropriate).</p> <p>Dundee & Angus College <input type="checkbox"/></p> <p>Perth College <input type="checkbox"/></p> <p><i>Following your assessment a fit slip will be sent to the University/College. It can be sent either by Post or to the dedicated email address of the University/College (please note that this address lies out with the NHS email system and therefore we cannot guarantee its security). Please confirm how you wish your fit slip to be sent.</i></p> <p>Email <input type="checkbox"/> Post <input type="checkbox"/></p>	

Section B (Candidate to complete)

Please answer all questions – failure to do so may cause delay in clearance.

First name

Second name

Previous name if any

Date of birth

Gender (please circle) Male Female Other (please state)

Contact address

Contact telephone number (home)

Contact telephone number (mobile)

Contact e-mail address

In the future we may use e-mail or texting for appointments or reminders – are you happy for us to use the above details for this purpose?

Yes No

Have you been seen by Tayside Occupational Health before? If YES please state when

Please give details of absences you have had (if any) from employment/education over the last two years and the reasons for these

Section C (Candidate please complete)**Lifestyle**

How many units of alcohol do you drink in an average week? (1/2 pint beer = 1 unit, 1 glass wine = 1 unit)

Have you ever smoked? Yes No

Do you still smoke? Yes No

How many cigarettes etc per day?

Height (without shoes):

Weight (unclothed):

Skin or breathing problems and allergies – please give full details if you answer YES to any question

Do you have, or worry that you may have a latex allergy (natural rubber)?
You may have an allergy if you have developed a rash, swollen lips, or had difficulty breathing etc when you have used latex products in the past e.g. blowing up balloons, using washing up gloves etc.

Yes No

Are you allergic to certain foodstuffs e.g. bananas, kiwi, chestnuts, avocados etc? If yes, please give details.

Yes No

Do you have, or have you had asthma or other breathing problems in the past?

Yes No

Do you have any ongoing, or recurrent skin problems e.g. eczema/dermatitis/psoriasis?

Yes No

Do you have any other allergies?

Yes No

Section D (Candidate please complete)**Tuberculosis screening**

Have you lived or worked/studied outside of the UK in the last 5 years, or been abroad for 12 weeks or longer (cumulatively) in that time?

Yes No

If you answered YES to the above which countries have you lived in/visited and for how long in each country?

Have you ever had tuberculosis (including 'latent TB') in the past?

Yes No

If YES when and where did you have treatment?

Have you had a chest x-ray?

Yes No

If YES to the above where and when was the X-ray taken and what was the result?

Have you been in close contact with anyone who has had TB?

Yes No

Have you had a persistent or recurring cough?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you coughed up blood?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any night sweats e.g. have had to change bedclothes/nightwear as a result?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unexplained weight loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you noticed any other symptoms that have concerned you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section E (Candidate please complete)

Immunisation details

Other infectious disease apart from tuberculosis such as mumps, measles, rubella, chickenpox and flu are potentially serious illnesses that can affect vulnerable adults and children, especially those with weakened immune systems.

In order to prevent patients contracting these conditions all healthcare workers have a responsibility to ensure they are up-to-date with their immunisations. Not only will this help safeguard patients, immunisation can prevent you from contracting that illness or spreading it to family members.

We require you to provide written evidence of having had the following immunisations:

- MMR Status
- BCG
- Hepatitis B

This evidence can be obtained from your current Occupational Health (OH) Provider, or GP (must be stamped by GP or OH provider). Please append to this questionnaire.

Have you had Chickenpox / Shingles?

Yes No

Section F (Candidate please complete)

Exposure prone procedure work (EPP)

Note to Student: this section is unlikely to apply to you unless you have undertaken EPP work as part of previous employment/studies e.g performed, or assisted at surgery; obstetric procedures; dentistry; A&E trauma work; podiatry etc or any other invasive clinical procedures where your hand/fingers might have been placed in a patient's open body cavity. Only complete this section if it is relevant to you.

Date first commenced EPP work?

Have you had any breaks of service from the NHS since first clearance?

Yes No

If Yes please provide details of duration and reason for break

Have you any reason to suspect that your ability to undertake EPP work has changed e.g. post-needlestick incident and further testing is required?

Yes No

If Yes, Tayside Occupational Health will arrange this for you

We require evidence of EPP clearance which must be obtained and stamped from your current Occupational Health (OH) Provider. Please append to this questionnaire.

If you are a new EPP worker or unable to provide evidence you will be offered an appointment to attend Tayside Occupational Health.

Section G (Candidate please complete)

Offer of testing for blood borne viruses to Non-EPP Workers

As a new healthcare worker we can offer confidential testing for blood borne viruses i.e. Hepatitis B, Hepatitis C and HIV, even if you do not require to be tested as a requirement for your job. The results of these will not be shared with anyone else without your permission.

On commencement if you wish to be seen for the above please contact Tayside Occupational Health.

Declaration of an underlying health condition or disability

Please ensure that you have read the accompanying occupational health information sheet that gives examples of when a declaration of an underlying health condition, or disability might be relevant to you **before** you select one of the two statements below.

Please **read both** statements below and then choose **one** (by ticking box) that best reflects your understanding of your current or past health.

Statement 1

I am not aware of any health condition(s) or disability which might impair my ability to undertake effectively the studies/placements of the course I have been offered.

If you have selected this option, please sign the declaration at the bottom of this page. You have now **finished** this pre-placement questionnaire (you **do not** need to complete **Section H**).

Statement 2

I do have a health condition or disability which might affect my studies/placements and may require special adjustments to my work or at my place of work.

If you have selected this option, please sign the declaration below **AND** complete **Section H** on next the next page.

I declare that I have answered all questions honestly and completely to the best of my knowledge and I am not aware of any physical / mental or other medical condition which would affect my ability to undertake my studies/placements

I understand that failure to disclose relevant health details may jeopardise my University/College place

Date _____ Signature _____

Section H (Candidate only complete this section if you have ticked Statement 2 on previous page).

Please answer **ALL** questions by ticking Yes or No. If you answer Yes please give details in the space below, or continue below on a separate sheet of paper.

Do you need any special aids / adaptations / adjustments to assist you at work, whether or not you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been retired from work for health reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed a medical examination or had special medical restrictions imposed e.g. for life Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently attending, or waiting to attend a hospital, or other health facility for treatment or surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently under medical supervision e.g. seeing your GP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently take any form of medication on a regular basis? (excluding contraceptive medication).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had health problems, which may have been caused by, or made worse by work (this includes 'stress')?	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the past 12 months, have you been absent from school/college/work due to illness or injury for a period of two weeks or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the last 12 months have you had three or more periods of absence from school/college/work, related to ill health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered Yes to any of the above please give full details below including dates; treatment etc	

Date _____ Signature _____