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

Universities of Abertay, Dundee and St Andrews (ScotGEM)
Perth College and Dundee& Angus College

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

Section A

Course Details	
Name of candidate:	DOB

Course:

Medical ☐

(If not entering as a 1st year student please clarify ……)

Dental ☐

Nursing ☐

Year 1 Foundation Apprenticeship ☐

Year 2 Foundation Apprenticeship ☐

Access to Nursing ☐

HNC Care & Admin ☐

Post Grad ☐ please specify

MSc Human Clinical Embryology and Assisted Conception ☐

Other – please specify

Please tick which University / College you will be attending

University of Abertay ☐

University of St Andrews & Dundee(ScotGEM) ☐

University of Dundee ☐ Tayside ☐ Fife Campus ☐

Perth College ☐

Dundee & Angus College ☐

Section B:

Personal and Contact Details
First name Preferred name
Second name
Previous name if any
Date of birth
Biological Sex (please circle) Male Female ***(Required for clinical reasons)***
Contact address
Contact telephone number (home)
Contact telephone number (mobile) *where provided this number will be used to send you SMS texts to remind you of your OH appointments*
Contact E-mail address - please print clearly, if address contains a dash or an underscore please tick box dash ☐ underscore ☐ *where provided this email address will be used to send you your OH appointments*
Have you been seen by Tayside Occupational Health before? If **YES** please state when and a brief description why
Please give details of absences you have had (if any) from employment/education over the last two years and the reasons for these

Your health and functional capabilities:-

Do you have problems or require adjustments to achieve any of the following?

Mobility (e.g walking, running, standing, using stairs, sitting for prolonged periods)	Yes ☐ No ☐
Agility (e.g bending, reaching up, kneeling down, maintaining balance)	Yes ☐ No ☐

Dexterity (e.g getting dressed, writing, using tools)	Yes ☐ No ☐
Physical Exertion (e.g lifting, carrying, running)	Yes ☐ No ☐
Communication (e.g speech, hearing)	Yes ☐ No ☐
Vision (e.g visual impairment, colour blindness, tunnel vision)	Yes ☐ No ☐
If **Yes** to any of the above please provide details (e.g. extent of issue, how you manage, any support needs.)	

Do you have any learning issues or neurodifferences (e.g dyslexia, dyspraxia, dyscalculia, impaired concentration, ADHD, Autism or similar)?	Yes ☐ No ☐
If **Yes**, please provide further details below (e.g. extent of issue or difference, how you manage any support required.)	

Are you currently attending, or waiting to attend a hospital, or other health facility for treatment, assessment or surgery?	Yes ☐ No ☐

Do you have a diagnosed health condition?	Yes ☐ No ☐
If **Yes**, please provide details of the condition, treatment and any Specialist input:	

Have you taken any medication or received treatment in the last 12 months?	Yes ☐ No ☐
If Y**es**, please provide details below: -	

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):

COVID Risk Assessment	
Have you ever been identified as being required to shield from COVID and/or consider yourself as being at high risk from COVID?	Yes ☐ No ☐
If **yes** provide details	

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 ☐	

Skin or breathing problems and allergies – please give full details if you answer YES to any question		
Do you have any ongoing, or recurrent skin problems e.g.eczema/dermatitis/psoriasis? If **YES** please provide additional details on areas effected, nature and extent of skin problem	Yes ☐ No ☐	
Do you have any other allergies?	Yes ☐ No ☐	

Tuberculosis(TB) screening	
Have you had any of the following: • TB Immunisation (BCG) • Mantoux Skin Test • T-Spot / Quantiferon IGRA Blood Test	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
If YES to one or more of the above please provide written evidence (you may be able to obtain this from your GP or previous OH provider).	
Have you lived or worked outside of the UK in the last 5 years, or been abroad for 12 weeks or longer 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? (please send us any written confirmation of past treatment if you have this from the organisation that treated you)	
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?	

Tuberculosis(TB) screening	
Have you been in close contact with anyone who has had TB?	Yes ☐ No ☐
Have you had a persistent or recurring cough?	Yes ☐ No ☐
Have you coughed up blood?	Yes ☐ No ☐
Have you had any night sweats e.g. have had to change bedclothes/nightwear as a result?	Yes ☐ No ☐
Have you had any unexplained weight loss?	Yes ☐ No ☐
Have you noticed any other symptoms that have concerned you?	Yes ☐ No ☐

Immunisation details

Have you had Chickenpox / Shingles? Yes ☐ No ☐

To prevent the transmission of communicable diseases all Healthcare workers (HCWs) including healthcare students who have contact with patients are encouraged to be immunised/demonstrate immunity to the following conditions:-

Chickenpox Measles Mumps Rubella Hepatitis B COVID-19

You may have been immunised against all or some of these conditions by your GP and/or previous OH provider, if **so please provide written evidence from the relevant provider**.

If required OH will offer you an immunisation consultation/update on commencement of your training course

Please note
It would be helpful if the university/placement provider has knowledge of your immunisation status to help them safeguard your health and that of patients.

Please tick the box if you give your consent for your immunisation details to be shared. ☐

Exposure prone procedure work (EPP) Please complete this section if your job is likely to mean that you might be required to perform, or assist at surgery; obstetric procedures; dentistry; A&E trauma work; podiatry etc or any other invasive clinical procedures where your hand/fingers might be placed in a patient's open body cavity.	
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? If YES, NHS Tayside Occupational Health will arrange this for you	Yes ☐ No ☐
If you have been previously EPP cleared we require evidence that previous blood tests were Identified Validated Samples (IVS) which must be obtained from your current Occupational Health (OH) Provider. If available please append that information to this questionnaire. If you are unable to provide this we will offer you an appointment.	

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.

Please answer **ALL** questions by ticking Yes or No. If you answer **Yes,** please give details in the space below, or continue on a separate sheet of paper.	
Have you ever been retired from work for health reasons?	Yes ☐ No ☐
Have you ever failed a medical examination or had special medical restrictions imposed e.g. for Life Insurance?	Yes ☐ No ☐
Are you currently under medical supervision e.g. seeing your GP?	Yes ☐ No ☐
Have you ever had health problems, which may have been caused by, or made worse by work (this includes 'stress')?	Yes ☐ No ☐
If you have answered **Yes** to any of the above, please give full details below including dates; treatment etc	

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 perform the duties of the above post.

I understand that failure to disclose relevant health details may jeopardise my future employment with NHS Tayside.

Date _____ Signature _____