**UNIVERSITY COLLEGE BIRMINGHAM – HEALTHCARE STUDENTS**

### Pre-Course Health Questionnaire

The information you disclose in this questionnaire will remain confidential to the Occupational Health Service and will be used only to assess your fitness for your proposed course. You will be responsible for disclosing medical information to your course provider; reasonable adjustments may be made by your employer/course provider for Medical Conditions and/or disabilities.

Your Course Tutor and the Admissions Office / employer will only receive an opinion as to your fitness for the course. The information you give will be stored on the dedicated Occupational Health electronic record system and will be treated in strictest confidence by the Occupational Health Service in compliance with the General Data Protection Regulations (GDPR) in conjunction with the Data Protection Act 2018 unless explicit consent is given for further disclosure. In accordance with these Regulations, you may have access to your records at any reasonable time. If you require a copy of any part of your record, this will only be supplied upon written request, which may incur a cost. In some cases, it may be necessary to ask you to attend a health interview.

Confidentiality

The information you give will be stored on the dedicated Occupational Health electronic patient record system and will be treated in strictest confidence by the Occupational Health Service staff according to the rules set out in the General Data Protection Regulation (GDPR) 2016. In accordance with this Regulation, you may have access to your records at any reasonable time. If you require a copy of any part of your record this will only be supplied following a written request made to the Occupational Health Service.

All records are kept in line with the NHS records Management Code of Practice. (Please see UHB Privacy Notice <https://www.uhb.nhs.uk/legal-and-regulatory/privacy/>)

**Vaccinations**

All healthcare workers will need to provide evidence of previous immunisations, please page 4 for guidance on which vaccinations are recommended. You can request an immunisation printout from your GP, or if you have worked in healthcare before, your previous Occupational Health Service - this can be used as evidence of your vaccinations so long as it clearly states your name, date of birth and the name of the GP Practice/Occupational Health Provider on each page.

**Please email copies of documentary evidence.**

You will only be contacted if there is a need for clarification with your health clearance.

**PLEASE RETURN THE COMPLETED HEALTH DECLARATION ALONG WITH ANY IMMUNISATION RECORDS YOU HAVE TO:-**

**OHEnquiries@uhb.nhs.uk****.**

**THEY MUST BE RECEIVED NO LATER THAN XXX.**

|  |  |
| --- | --- |
| **Title (e.g. Dr/Mr/Mrs/Miss/Ms/Mx etc.):** Click or tap here to enter text. | **Gender: Male/Female/Non-Binary/Other:**Click or tap here to enter text. |
| **Surname:** Click or tap here to enter text. | **Mobile:** Click or tap here to enter text. | **Home:** Click or tap here to enter text. |
| **Forename:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Date of Birth:** Click or tap here to enter text. | **Proposed Course:** Click or tap here to enter text. |
| **Ethnicity:** Click or tap here to enter text. | **Start Date of Course:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text.**Post Code:** Click or tap here to enter text. |

If you answer ‘yes’ to any of the questions (1 – 19), please give details in the space provided, including: treatment given, hospital admissions, time required off work/school, and any effect on your work, study or leisure activities. Please also indicate if the problem is still current or now resolved. ***Failure to give adequate information may delay your health clearance.***

|  | Do you or have you ever had? | Yes  | No | Dates/ Details/ Current/ Resolved |
| --- | --- | --- | --- | --- |
| 1 | A physical or mental disability or condition which has a substantial effect on your ability to carry out normal day-to-day activities, or impair your mobility or manual dexterity? | [ ]  | [ ]  | Click or tap here to enter text. |
| 2 | Problems with your vision in either eye not corrected by glasses? | [ ]  | [ ]  | Click or tap here to enter text. |
| 3 | Difficulty with your hearing? | [ ]  | [ ]  | Click or tap here to enter text. |
| 4 | An injury or disease requiring treatment of any kind? | [ ]  | [ ]  | Click or tap here to enter text. |
| 5 | Suffered from any chest ailments?(asthma/bronchitis) | [ ]  | [ ]  | Click or tap here to enter text. |
| 6 | Any skin condition?(eczema/psoriasis/dermatitis) | [ ]  | [ ]  | Click or tap here to enter text. |
| 7 | Any known allergies? | [ ]  | [ ]  | Click or tap here to enter text. |
| 8 | Suffered from epileptic fits, faints or blackouts? | [ ]  | [ ]  | Click or tap here to enter text. |
| 9 | Are you taking or have you taken prescribed medication during the last 2 years? | [ ]  | [ ]  | Click or tap here to enter text. |
| 10 | Evidence of infection with Hepatitis B, Hepatitis C or HIV? | [ ]  | [ ]  | Click or tap here to enter text. |
| 11 | Suffered from any mental health disorder? | [ ]  | [ ]  | Click or tap here to enter text. |
| 12 | Taken a drug overdose, tried to harm yourself or attempted suicide? | [ ]  | [ ]  | Click or tap here to enter text. |
| 13 | Suffered from any illness requiring psychotherapy/counselling in the last five years? | [ ]  | [ ]  | Click or tap here to enter text. |
| 14 | Suffered from an eating disorder of any kind? | [ ]  | [ ]  | Click or tap here to enter text.  |
| 15 | Learning disabilities such as Dyslexia? | [ ]  | [ ]  | Click or tap here to enter text. |
| 16 | Are you attending, or waiting to attend your GP or hospital for treatment or surgery? If yes, give a brief outline why. | [ ]  | [ ]  | Click or tap here to enter text. |
| 17 | Any other medical problems, not already mentioned on this form, which may affect your course in any way? | [ ]  | [ ]  | Click or tap here to enter text. |
| 18 | Do you have, or have you recently had any of the following: |  |  |  |
|  | Persistent coughing lasting more than two weeks? | [ ]  | [ ]  | Click or tap here to enter text. |
|  | Coughing up blood? | [ ]  | [ ]  | Click or tap here to enter text. |
|  | Unexplained weight loss? | [ ]  | [ ]  | Click or tap here to enter text. |
|  | Unexplained fever? | [ ]  | [ ]  | Click or tap here to enter text. |
|  | Night sweats? | [ ]  | [ ]  | Click or tap here to enter text. |
| 19 | Have you lived outside of the UK for **3 months or more during the last 5 Years,** or do you intend to live outside of the UK for 3 months or more prior to starting this course?  | [ ]  | [ ]  | If yes, please also provide details of Countries along with timeframes.Click or tap here to enter text. |
| 20 | Have you ever been diagnosed with Tuberculosis?  | [ ]  | [ ]  | Click or tap here to enter text. |
| 21 | Have you been in close contact with a friend or relation found to be suffering from tuberculosis in the last 3 years? | [ ]  | [ ]  | Click or tap here to enter text. |

### All Applicants Must Sign Declaration

* I understand the purpose of the pre-course health questionnaire and declare that the information given within this document is true and complete to the best of my knowledge. Where necessary, I agree that the UHB Occupational Health Service may obtain screening and immunisation details as requested to assist in the assessment of my fitness for the course.
* I understand that failure to disclose information may be detrimental to my health and could affect my student/apprentice status leading to a termination of my enrolment as a student/contract of employment.
* I give my consent for my Immunisation and Vaccination history to be released to University College Birmingham. I understand and agree that this information may also need to be released to Occupational Health staff at NHS Trusts due to course requirements. (Should any immunity/vaccination/blood tests cause in-direct disclosure of a health condition, the relevancy of this information needing to be disclosed will be risk assessed by UHB OHS, and it will be discussed with you in order to gain consent for your immunity status to be shared.
* I give my consent for the UHB Occupational Health Service to advise University College Birmingham where it relates to, or impacts on, my fitness to practice. I understand the UHB Occupational Health Service may also advise University College Birmingham of any adaptations, considerations or restrictions that may be required.

**Please note – If your health status changes in any way following the completion of this health questionnaire prior to clearance, you MUST contact our Occupational Health Service in writing notifying us of the changes in your health. After clearance has been provided you must liaise with your Student Support team in the first instance.**

**Please sign below when you have read, understood and accepted the declaration.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text.  |
| **Print Name:** | Click or tap here to enter text. |

### Guidance for Healthcare Worker Immunisation Requirements

We follow the guidance for new healthcare workers from the Department of Health (students engaged on clinical placements are considered as healthcare workers):

[Link to guidance document provided by Department of Health](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf)

#### MMR vaccines:

Either documentation of two MMR vaccines or blood test results for Rubella and Measles indicating immunity are required.

If your Rubella or Measles blood test results do not show immunity, documentation of two MMR vaccines will be required. No further blood tests will be required once you have received the two doses of MMR vaccine.

#### Hepatitis B vaccines:

A Hepatitis B Surface Antigen blood test is required prior to administration of the vaccine to screen for infectivity.

We recommend you follow the standard vaccination schedule, 0, 1 and 6 months. A Hepatitis B Surface antibody blood test will then be required approximately 4 weeks after completion of the course.

If in a high risk occupational course, we will discuss completing an accelerated schedule of 0, 1 and 3 months - a fourth dose of vaccine will be required one year after starting the course. Only after this fourth dose is the course complete we would carry out the Hepatitis B Surface antibody blood test confirm immunity.

A Hepatitis B Surface antibody result of >100 miu/ml is evidence of satisfactory immunity.

#### BCG vaccination:

If a BCG scar is visible then a history of BCG vaccination is assumed. This is to be documented by your health care professional.

If you have no BCG scar and no documented evidence of BCG vaccine administration then you should be vaccinated.

A Mantoux skin test will be administered first to rule out prior exposure to Tuberculosis. If you have a negative result from the Mantoux skin test you will require BCG vaccination.

#### Chicken Pox:

Indicate if you have had chicken pox/shingles. If you have not had chicken pox or shingles, or you have had these illnesses outside of the UK, then a Varicella blood test is required. If the Varicella blood test indicates you are not immune to chicken pox it is recommended you receive the vaccine.