

OCCUPATIONAL HEALTH QUESTIONNAIRE

Once the questionnaire is fully completed, please photocopy and send the **ORIGINAL** by 'Royal Mail Signed For' in an A4 envelope to: Student Occupational Health (Student Support, Health and Wellbeing), Canterbury Christ Church University, North Holmes Road, Canterbury, Kent, CT1 1QU or hand deliver to the i-zone.

- Please complete your form electronically and **SAVE BEFORE PRINTING**
- It is imperative that your GP surgery completes Section B in **FULL**
- Please **DO NOT** send any form of copies for Sections B, D and E **THESE WILL NOT BE ACCEPTED**

We have provided a 'QUICK GUIDE' and 'CHECKLIST' on pages 7 and 8 to assist you in completing your questionnaire

Surname		Dr/Mr/Mrs/Miss/Ms/Other	
First Name(s)			
Previous Name(s)			
Home Address		Term Time Address (if known)	
Contact Number		Email	
Date of Birth		Age	
Country of Birth (if not in the UK)		Date of Entry to UK (if applicable)	
University Campus		Start Date (Month/Year)	
Programme of Study			

Student Occupational Health USE ONLY **Incomplete Questionnaire, reason(s) for returning**

Student Occupational Health USE ONLY		
SCREENED		
RETURNING STUDENT		
EMAIL TO STUDENT		
QLv4		
OH DOCTOR		
BLOODS/IMMS REQUIRED		
RETURN TO COMPLETE		
BLOODS/IMMS CLEARED		
FULL HEALTH CLEARANCE		
OHP SPREAD SHEET		

Occupational Health Provider USE ONLY			ACTION	DATE	SIGNED
CLEARED	YES	NO			
			GP REQUEST SENT		
			GP REPORT RECEIVED		
			SPECIALIST REQUEST SENT		
			SPECIALIST REPORT RECEIVED		
FINAL CLEARANCE			STUDENT TCI		
	YES	NO			

Student Occupational Health USE ONLY - **Reason(s) for referral to OH Provider**

SECTION A – SELF DECLARATION

Fitness for Practice	
Have you read and understood the demands of the course?	If 'No' , please provide FULL details
Do you believe you are fully able to meet the specific demands that are expected of you whilst on the programme?	If 'No' , please provide FULL details

Do you currently have or have you ever had: (No matter how minor or historical)	
Depression, anxiety, emotional or nervous troubles, psychiatric, psychological or mental health problems?	If 'Yes' , please provide FULL details, treatments and dates
An attempted suicide, deliberate self-harm or an eating disorder of any kind?	If 'Yes' , please provide FULL details, treatments and dates
Fits, faints, convulsions, epilepsy or other neurological problems?	If 'Yes' , please provide FULL details, treatments and dates
Any long-term medical condition, such as heart disease, diabetes, neurological disease or other chronic condition?	If 'Yes' , please provide FULL details, treatments and dates
ME or Post-viral Fatigue Syndrome?	If 'Yes' , please provide FULL details, treatments and dates
Alcohol or drug-related problems?	If 'Yes' , please provide FULL details, treatments and dates
Any condition (such as arthritis, painful joints or muscles, back/neck pain or injury or spinal deformity) which may affect movement or manual handling etc? *	If 'Yes' , please provide FULL details, treatments and dates
You or anyone in your close family (eg parent, siblings) had Tuberculosis? *	If 'Yes' , please provide FULL details, treatments and dates
A rash or skin problems including eczema and dermatitis? *	If 'Yes' , please provide FULL details, treatments and dates
An allergy to medicines, chemicals or other substances (such as latex)? *	If 'Yes' , please provide FULL details, treatments and dates
Have you had Varicella (Chicken Pox)? *	If 'Yes' , please provide FULL details

* (To be completed by Adult Nursing, Child Nursing, Mental Health Nursing, Radiography, Occupational Therapy, Return to Practice, Midwifery, ODP, Paramedic and Physician Associate students ONLY)

PLEASE PROVIDE ADDITIONAL INFORMATION ON PAGE 6

General Health and Lifestyle		
Are you aware of the demands of placement?		If 'No', please provide FULL details
Do you believe that your general health and lifestyle are compatible with the pursuit of your chosen profession?		If 'No', please provide FULL details
Have you had an illness requiring more than one weeks' absence in the last two years?		If 'Yes', please provide number of day(s), date(s) and reason(s)
Have you had to leave or interrupt university/employment/college?		If 'Yes', please provide reason(s) and date(s)
Are you currently using recreational drugs?		If 'Yes', please provide substance(s) details and frequency of use
Are you currently taking medication? (ie injections, tablets, medicines) – excluding contraception.		If 'Yes', please provide the name, dosage and reason for medication
Have you ever received treatment from a Psychiatrist, psychotherapist or counsellor?		If 'Yes', please provide FULL details

PLEASE PROVIDE ADDITIONAL INFORMATION ON PAGE 6

Height		
Weight		

Additional Support		
Do you have any disability or mental health condition which will require support in order to undertake your chosen programme of study (including placements)?		If 'Yes', please provide FULL details
Do you have any chronic illness which will impact upon your ability to undertake your programme of study (including placements)?		If 'Yes', please provide FULL details
Do you have any learning difficulty (eg dyslexia) for which you will require support in order to undertake your chosen programme of study?		If 'Yes', please provide FULL details

PLEASE PROVIDE ADDITIONAL INFORMATION ON PAGE 6

SECTION B HEALTH DECLARATION BY GP OR PRACTICE NURSE

Please ask your GP or Practice Nurse to complete Section B

Does the person named above have history of any of the following:		
Bulimia, anorexia, eating disorder or self-harm; depression or anxiety states; obsessive compulsive disorder; any psychotic illness; any other psychiatric illness; drugs or solvent misuse; alcohol-related illness; behavioural problems; epilepsy or other neurological problems; diabetes, neurological disease or other chronic condition?		
Any significant physical or medical condition such as back problems, arthritis, skin conditions, cardio-vascular or respiratory conditions?		
Yes	No	Please circle. If 'Yes' please provide full details, treatments and dates (essential)
Signature (GP or Practice Nurse) (essential)		Practice Stamp (essential)
Date (essential)		

The University will refund Health and Social Care (excluding Social Work) students any charge made up to £10 on production of a receipt. Once fully registered a payment slip can be obtained from the i-zone. Please **DO NOT** attach receipts to this form as they will be removed and destroyed.

SECTION C BLOOD TESTS AND IMMUNISATIONS

(To be completed by Adult Nursing, Child Nursing, Mental Health Nursing, Radiography, Occupational Therapy, Return to Practice, Midwifery, ODP, Paramedic and Physician Associate students ONLY)

Your GP or Practice Nurse should **ONLY** provide details if you have already had the immunisations or blood tests listed below.

If you **DO NOT** have the immunisations or blood tests required for your programme of study, you will receive them at university during Occupational Health Clearance.

Immunisation/Blood Test	Date	Result	GP or Practice Nurse Signature
Hepatitis B (1)			
Hepatitis B (2)			
Hepatitis B (3)			
Hepatitis B blood test (anti HBs)		miu/ml	
MMR (1)			
MMR (2)			
Rubella blood test result		Detected / Not Detected	
Measles blood test result		Detected / Not Detected	
Varicella blood test result		Detected / Not Detected	
BCG date/scar seen			
BBV test results (Midwifery, Paramedics, ODP and Physician Associate only):			
HIV		Detected / Not Detected	
HBsAg		Detected / Not Detected	
Hep C		Detected / Not Detected	

YOU MUST ENSURE **ALL 3** SECTIONS ARE SIGNED AND DATED PHOTOCOPIES OF SIGNATURES **WILL NOT** BE ACCEPTED

SECTION D - DECLARATION BY CANDIDATE AND DISCLOSURE OF PERSONAL INFORMATION

I declare that to the best of my knowledge, the information given in this Questionnaire is accurate and complete.

I understand that failure to disclose information or giving false information may result in withdrawal of the offer of a place at the University or in the termination of my place on a programme.

SIGNED: **DATE:**

Any information supplied will be in strict confidence to the University's Student Support, Health and Wellbeing Department and Occupational Health Provider and will only be discussed with other staff at the University with your express permission.

Please select the relevant statement	
<input type="checkbox"/> I agree to personal information being disclosed to staff at the University only as required.	
<input type="checkbox"/> I do not agree to personal information being disclosed to staff at the University only as required.	

SIGNED: **DATE:**

SECTION E - CONSENT TO OBTAIN MEDICAL REPORT

NOTE: ALL APPLICANTS MUST SIGN THIS SECTION. It is possible that the Occupational Health Doctors will require a report from your GP or Specialist. The report will help the Occupational Health Doctors make a decision as to whether you are 'fit for purpose' or if you will need support with your studies. You have a right to see any report before it is sent to the Occupational Health Provider, and they will inform you in writing if a report has been sought and advise on any necessary action.

In order to assess your fitness to undertake your programme it may be necessary to obtain additional information about your health.

Before you sign below you should be aware that you have certain rights under the Access to Medical Reports Act 1988. In summary these rights are:

1. To withhold your consent for an application to be made to your GP or Specialist.
2. To request sight of a report before it is sent to us. You must arrange with your GP or Specialist to see a report within 21 days. You may also ask to see a copy of the report for up to 6 months after it is requested.
3. Ask the GP or Specialist to amend any part of the report that you feel is misleading or inaccurate.
4. To attach a written statement giving your views on its content should the GP or Specialist decline to amend any part of the report.
5. To withdraw your consent to the report being sent to the Occupational Health Provider.

Please note: The GP or Specialist may withhold from you any section of the report if (s)he thinks you would be harmed by seeing it.

Please select the relevant statement	
<input type="checkbox"/> I do agree to a medical report on my health being requested	
<input type="checkbox"/> I do not agree to a medical report on my health being requested	
Please select the relevant statement	
<input type="checkbox"/> I do wish to see this report before it is provided	
<input type="checkbox"/> I do not wish to see this report before it is provided	

I understand that a copy of this consent form will be sent to my GP or Specialist and that this copy shall have the validity of the original.

SIGNED: **DATE:**

Name and address of GP Surgery	Name and address of Specialist(s)

PLEASE USE THIS PAGE TO PROVIDE ADDITIONAL INFORMATION

APPROXIMATE OCCUPATIONAL HEALTH SCREENING TIMELINE

- Day 1 ▶ Your Occupational Health Questionnaire (OHQ) is received by the University
- Up to 21 days ▶ Your OHQ is processed and you will receive an email with details of its progress
- Up to 28 days ▶ If further screening is required your OHQ will be sent to the Occupational Health (OH) Doctor
- Up to 35 days ▶ You will receive an additional Occupational Health progress email
- Up to 60 days ▶ If a medical report was requested, it should now have been received, reviewed by the OH Doctor and a further email sent

	Occupational Health Questionnaire*	Hepatitis B ¹	MMR ²	Varicella ³	TB screening ⁴	HIV, Hepatitis B and Hepatitis C blood test screening
Adult Nursing	✓	✓	✓	✓	✓	×
Child Nursing	✓	✓	✓	✓	✓	×
Mental Health Nursing	✓	✓	✓	✓	✓	×
Occupational Therapy	✓	✓	✓	✓	✓	×
Radiography	✓	✓	✓	✓	✓	×
Return to Practice	✓	✓	✓	✓	✓	×

* = Occupational Health Questionnaire screening and clearance by the Occupational Health Doctor

× = Not required for your programme

✓ = Required for your programme

1 = 1st immunisation required initially (3x immunisations required in total and a blood test to check immunity)

2 = 1st immunisation required initially (2x immunisations required in total) **or** blood tests for Measles and Rubella **both** showing 'DETECTED' results

3 = Positive confirmation **or** blood test showing a 'DETECTED' result **or** 1st immunisation required initially (2x immunisations required in total)

4 = BCG scar checked **or** a 'POSITIVE' Mantoux test **or** official evidence of a BCG

	Occupational Health Questionnaire*	Hepatitis B ¹	MMR ²	Varicella ³	TB screening ⁴	HIV, Hepatitis B and Hepatitis C blood test screening ⁵
Midwifery	✓	✓	✓	✓	✓	✓
Operating Department Practice (ODP)	✓	✓	✓	✓	✓	✓
Paramedics	✓	✓	✓	✓	✓	✓
Physician Associate Studies	✓	✓	✓	✓	✓	✓

* = Occupational Health Questionnaire screening and clearance by the Occupational Health Doctor

✓ = Required for your programme

1 = 1st immunisation required initially (3x immunisations required in total and a blood test to check immunity)

2 = 1st and 2nd immunisations required **or** blood tests for Measles and Rubella **both** showing 'DETECTED' results

3 = Blood test showing a 'DETECTED' result **or** 1st and 2nd immunisations required

4 = BCG scar checked **or** a 'POSITIVE' Mantoux test **or** official evidence of a BCG

5 = Blood tests **all** showing 'NOT DETECTED' results

	Occupational Health Questionnaire*	Hepatitis B	MMR	Varicella	TB screening	HIV, Hepatitis B and Hepatitis C blood test screening
BA Primary Education	✓	×	A	×	×	×
PGCE	✓	×	A	×	×	×
Teach First	✓	×	A	×	×	×
EYITT	✓	×	A	×	×	×
MA Career Management	✓	×	A	×	×	×
BA Social Work	✓	×	A	×	×	×
MA Social Work	✓	×	A	×	×	×

* = Occupational Health Questionnaire screening and clearance by the Occupational Health Doctor
 × = Not required for your programme
 ✓ = Required for your programme
 A = Advised

DO I NEED TO HAVE ANY IMMUNISATIONS BEFORE COMING TO UNIVERSITY?

Yes. All students are strongly advised to have received 2x MMR immunisations and be up-to-date with their Tetanus, Diphtheria and Polio immunisations before arriving at university. These can be administered without charge by your GP as an NHS patient.

IMMUNISATIONS AND BLOOD TESTS ARE A REQUIREMENT FOR MY PROGRAMME. CAN I HAVE THEM AT UNIVERSITY?

Yes. You can have them administered at University during Occupational Health clearance.

However, it will speed up the Occupational Health clearance process if your GP will agree to administer 2x MMR immunisations – available on the NHS – and complete blood tests for Rubella, Measles and Varicella.

If you have already received some of the above immunisations and blood tests, you will need to provide evidence* of this.

If you fail to attend any necessary follow-up appointments when advised by the University you will be responsible for making alternative arrangements yourself. The University is unable to pay for these; neither can it reimburse any costs incurred.

Students without all the required immunisations and who cannot show all necessary immunities are responsible for advising the staff who supervise their placements. This is to ensure appropriate management of any potential health risks.


*official documentation from your GP

WHAT WILL HAPPEN IF I DON'T COMPLETE AN OCCUPATIONAL HEALTH QUESTIONNAIRE?

If you fail to fully complete your Occupational Health Questionnaire the following consequences will occur:

- Your Occupational Health clearance will be considerably delayed
- You will be prevented from attending placement
- Your bursary payments will be delayed (if applicable)
- You may ultimately be withdrawn from your programme

OCCUPATIONAL HEALTH QUESTIONNAIRE CHECKLIST

	Please ensure you complete the following actions
	All questions have been answered in full
	Section B has been completed by your GP or Practice Nurse (including signature, date and practice stamp)
	Sections D and E are signed and dated (3x signatures and 3x dates)
	Photocopy and send the ORIGINAL by 'Royal Mail Signed For' in an A4 envelope to: Student Occupational Health (Student Support, Health and Wellbeing), Canterbury Christ Church University, North Holmes Road, Canterbury, Kent, CT1 1QU or hand deliver to the i-zone.