

UCL Human resources

Occupational Health & WELLBEING

**Low Oxygen Environment Health Questionnaire**

Your manager has advised us that your role at UCL will involve working in a Low Oxygen Environment. The Occupational Health Service therefore requires information about any health issues that may increase the risk of illness at work so that we can assess and advise on any precautions or support measures necessary to mitigate the risk, if appropriate. After discussion with you, we will then advise your manager in regards to these. We will not divulge any underlying health issues without your full consent.

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| **Name:**  | **DOB:**  |
| **Department:**  | **Job Title:**  |
| **Work Tel:**  | **Email:**  |

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| **Please check as appropriate** | **Yes** | **No** | **Details** |
| 1. **Do you have any known heart disease?**
 | [ ]  | [ ]  |  |

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| --- | --- | --- | --- |
| 1. **Do you have any known lung or airway disease?**
 | [ ]  | [ ]  |  |

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| 1. **Do you have anaemia?**
 | [ ]  | [ ]  |  |

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| 1. **Do you have, or have a family history of:**
 | [ ]  | [ ]  |  |
| Inherited blood disease | [ ]  | [ ]  |  |
| Low blood count | [ ]  | [ ]  |  |
| Anemia | [ ]  | [ ]  |  |
| Sickle-Cell anemia | [ ]  | [ ]  |  |

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| 1. **Have you ever experienced any pains (with the exception of headaches) during previous stays at high altitude (mountains) or during aircraft flights? Such as:**
 | [ ]  | [ ]  |  |
| Abdominal | [ ]  | [ ]  |  |
| Chest | [ ]  | [ ]  |  |
| Joint | [ ]  | [ ]  |  |
| Nausea | [ ]  | [ ]  |  |
| Vomiting | [ ]  | [ ]  |  |
| Shortness of breath | [ ]  | [ ]  |  |
| Fatigue | [ ]  | [ ]  |  |

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| 1. **Have you ever had a stroke or a mini-stroke (transient ischaemic attack)?**
 | [ ]  | [ ]  |  |

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| **Please check as appropriate** | **Yes** | **No** | **Details** |
| 1. **Have you ever been treated for rhythm problems of the heart?**
 | [ ]  | [ ]  |  |

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| 1. **Have you had any episodes of dizziness within the last 3 months that have prevented you form pursuing your normal daily activities?**
 | [ ]  | [ ]  |  |

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| 1. **Do you have to pause during your daily activities at work or at home because of shortness of breath?**
 | [ ]  | [ ]  |  |

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| 1. **Have you experienced any chest pain within the past 3 months while at rest, or while under physical or mental stress?**
 | [ ]  | [ ]  |  |

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| --- | --- | --- | --- |
| 1. **Have you woken up in the past 3 months because of shortness of breath?**
 | [ ]  | [ ]  |  |

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| 1. **If female, are you currently pregnant?**
 | [ ]  | [ ]  |  |

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| 1. **Are there any known medical issues that you think might affect you working in a low-oxygen environment? If so, please specify.**
 | [ ]  | [ ]  |  |

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| 1. **Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
 | [ ]  | [ ]  |  |

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| 1. I declare that all the questionnaire responses are true to the best of my knowledge.
2. I understand and accept that I may be required to attend for an Occupational Health assessment or health surveillance.
3. I understand and accept that further medical information may be requested from my doctor if considered necessary and subject to the occupational health adviser obtaining my consent under the Access to Medical Reports Act 1988

*Signature:*  *Date:*  |

If completing this form electronically, please type your name above, save this form locally and then email it back to us form your personal email account. If we require further information from your GP or Specialist we will contact you to discuss obtaining your written consent. Please email the form to ohsadmin@ucl.ac.uk, or post to Occupational Health, UCL, Gower St, London, WC1E 6BT