UCL Human resources

Occupational Health & wellbEING

*APPENDIX 1*

*OHW screening certificate for* ***NHS*** *RESEARCH / STUDY*

This form contains confidential medical information and will not be copied or forwarded to anyone outside of UCL Occupational Health and Wellbeing (OHW). Only with the researcher’s explicit consent will any confidential information about the researcher be discussed with the occupational health service of NHS organisations where the researcher wishes to conduct research.

The purpose of this health assessment is to ensure, so far as is reasonably possible, that you are fit for the research activities you will be undertaking in order to protect your own and others’ health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety.

***TO BE COMPLETED BY RESEARCHER / STUDENT:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* | *Surname:* | | *DOB:* |
| *Address:* | | Email: | |
| Mobile: | |

*To ascertain if a health screening is required, and at what standard,* ***please tick*** *which of the following applies to your proposed research.*

|  |
| --- |
| 1. If you are working directly with patients or service users you need to complete a **health questionnaire** and **full immunisation screening**. |
| 1. If you are working with body fluids, tissues or organs in NHS facilities you need to complete a **health questionnaire** and **hepatitis B vaccination assessment.** |
| 1. If you are working directly or indirectly with NHS staff you do not need to complete a health screening. |
| 1. If you are working with patient data only (unidentifiable or identifiable) you do not need to complete any health check. |
| 1. If you are working indirectly with patients or service users you do not need to complete a health screening. |
| 1. If you are working with staff data (unidentifiable or identifiable) you do not need to complete a health screening. |
| 1. If you are undertaking exposure prone procedures (EPPs)\* you will need a **health questionnaire**, **full immunisation screening** and blood test for hepatitis B, hepatitis C and HIV. |

\* *EPPs include procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient’s open body cavity, wound or confined anatomical space, where the hands or fingertips may not be completely visible at all times. However other situations, such as pre-hospital trauma care, should be avoided by HCWs restricted from performing EPPs, as they could also result in the exposure of the patient’s open tissues to the blood of the worker (PHE, 2017)*

**IMMUNISATION HISTORY**

***\*\*\*NOT TO BE COMPLETED BY THE APPLICANT- GO TO PAGE 3\*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| Hepatitis B vaccine *(if requireda)* | | Date: (1) | Date: (2) |
| Date: (3) | Date: (booster) |
| Anti HBs | | Date: | Result: iu/l |
| Mantoux / IGRA c ­ | | Date: | Result: |
| BCG Scarc | | Scar Seen: **Yes / No** Location: | |
| BCG (TB vaccination) | | Date: | |
| Polio / tetanus / diphtheria vaccine | | Date: | |
| Rubella (German measles) blood testb | | Date: | Result: |
| Measles blood testb | | Date: | Result: |
| Varicella (VZV / chickenpox)  History of chickenpox? Y / N | | Positive history of infection? **Yes / No** | |
| If no VZV history then blood test | | Date: | Result: |
| MMR 1b Date: | MMR 2b Date: | | |
| **NOTES:**  *IF THE VACCINATION HISTORY IS BEING COMPLETED BY YOUR* ***GP******PRACTICE*** *PLEASE ASK THEM TO COMPLETE THIS SECTION BELOW*  *Practice stamp or no.: GP / PN Name: Signed:*  *HRHERE* | | | |

***a****The advisor will discuss your expected NHS duties with you and advise if hepatitis B vaccination is required.*

***b****Either TWO MMR vaccines should be documented OR documented results of positive antibody results indicating immunity to further infection.*

***c****Either a Mantoux test result within the last five years OR a history of BCG vaccination (or scar inspection) or a negative IGRA must be documented.*

***CLINICIAN:*** *I confirm that a self-assessment questionnaire including physical conditions, psychological conditions and current workplace adjustments has been undertaken to confirm that there are no health-related matters that could affect the health and safety of the applicant or others within the NHS.*

|  |  |  |
| --- | --- | --- |
| Name (OH advisor): | Signed: | Date: |

**WORK RELATED HEALTH HISTORY:** *(To be completed by researcher / student,)*

|  |  |  |
| --- | --- | --- |
| 1. Do you currently have any health problems, including psychological problems, or are you awaiting surgery? | *YES / NO* | *If YES, give details and dates:* |
| 1. Are you presently receiving and prescribed medication, treatment or therapy except contraception? | *YES / NO* | *If YES, give details and dates:* |
| 1. Do you have any health condition caused or made worse by work or study? | *YES / NO* | *If YES, give details and dates:* |
| 1. Do you have any disability1 or other health condition not mentioned above that may require additional help or support to perform the research activity or placement? | *YES / NO* | *If YES, give details and dates:* |
| 1. Have you been outside of the UK for more than 4 weeks for the past 5 years? | *YES / NO* | *If* ***NO*** *please complete:*  *COUNTRY NAMEs & DATES*  *-*  *-*  *-* |
| 1. Have you ever lived with a family member who has TB? | *YES / NO* | *If YES, give details and dates:* |
| 1. Have you ever worked in area where there TB is present? | *YES / NO* | *If YES, give details and dates:* |
| 1. In the last three weeks have experienced a persistent cough, coughing up blood, profuse night sweats, unexplained fever or unexplained weight loss? | *YES / NO* | *If YES, give details and dates:* |
| 1. Have you any other health issues that have not been mentioned above which you would like to provide further details? | *YES / NO* | *If YES, give details and dates:* |

**Equality Act 2010** You would be regarded as disabled if you have a medical condition that has lasted or is likely to last for more than one year and is sufficient to impair normal day-to-day activities.

**DECLARATION:**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the form may be grounds for rejecting this application and/or subsequent disciplinary action.

I consent to relevant appropriate health information about me being shared between UCL OHW my employer/place of study and the occupational health service of any NHS organisations where I wish to undertake research activities. I hereby agree to inform the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities of any changes in my health circumstances that may affect my ability to perform the research activity.

I understand my responsibility to notify the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities if I think I have had significant exposure to, or am carrying, a serious communicable condition such as TB, Hepatitis B, Hepatitis C or HIV and to follow advice from a consultant in occupational health or another suitably qualified colleague about treatments and/or modifications to my practice.

I understand the importance of routine infection-control procedures, including the importance of hand hygiene, appropriate use of protective clothing and compliance with local policies in the NHS organisations where I wish to undertake research activities.

I have been informed that if my TB screening indicates referral for treatments, my placement will delayed and my manager will be advised that a delay is required.

|  |  |  |
| --- | --- | --- |
| **Signed:** | **Name:** | **Date:** |