

Safety Critical Work Questionnaire

You will be asked a number of questions about your health concerning matters of importance regarding your past and present health state. The purpose of this questionnaire is to ensure that you are in good general health in order to undertake your normal work activities and to assess if any adjustments are required under the Equality Act 2010.

This also assists your employer to meet its statutory duty to maintain a safe working environment for all employees and meet any requirements under Health & Safety Legislation and relevant Regulations.

Completed questionnaires that are returned to the Human Resources Department or Departmental Manager may be read, the original kept and copied, prior to forwarding it to Unity for a review of your responses.

Please read the questions carefully and answer them accurately and honestly. It is your responsibility to inform Occupational Health of any health issue which could be affected by the work or affect your ability to do the work.

Family Name		First Name	
Male	Female	Title	Mr Mrs Miss Ms Other
Address		Postcode	
Mobile/Home Number		Email	
Job Title		Length of employment	
Employer			

Give details of previous employment for the last ten years:

Previous Employer	Occupation/Type of Work	Length of service

General Health

	QUESTION	YES	NO
1.	Are you currently suffering from any form of ill health?		
2.	Have you any disabilities that affect your ability to work?		
3.	Have you any medical limitations affecting your ability to work?		
4.	Do you need any special aids, adaptations or adjustments to help you in your job?		
5.	Do you have, or have you ever had, any health problems or medical conditions which may have been caused or made worse by work, e.g.: Hand/Arm Vibration Syndrome, Skin or Respiratory Conditions etc		
6.	Are you currently receiving, or waiting for, any treatment or follow up, for any emotional or physical health condition?		
7.	Do you take any medication currently? If so, please give names and doses (Including prescribed medication, inhalers, and over the counter remedies)		

If you have answered YES to any of the above questions, please give details in this information box

DECLARATION

I hereby declare that all medical information given by me to Unity is true and accurate to the best of my belief and knowledge and that I have not omitted or falsified any material facts or details, which could have a bearing on my state of health.

I consent to undergoing Health Surveillance in relation to my employment. I understand that all the information from this questionnaire regarding my health will be treated and held in the strictest confidence by Unity.

I accept that a report based on this information will be made to my employers and myself (verbally or in writing) and that it will form part of my management health records. I understand that I will have access to the information contained in such a report.

Signed:_____ Date:_____

Present Health

QUESTIONS		YES	NO
1.	Do you consider you are in good health at the moment? If NO please say why.		
2.	Do you experience any shortness of breath or chest pain on climbing a flight of stairs, walking up hills, or on exercise?		
3.	Do you usually cough during the day or night?		
4.	In the past 3 years have you had a period of cough (or increased cough) and phlegm lasting 3 weeks or more?		
5.	Do you ever suffer from tight chest, wheeziness or difficulty in breathing?		
6.	Do you suffer from pain in the chest not related to exercise?		
7.	Do you suffer from excessive tiredness or fatigue?		
8.	Do you suffer from asthma?		
9.	Do suffer from an allergy or hay fever?		
10.	Do you have/ever had bronchitis, pneumonia, TB, Chronic Obstructive Pulmonary Disease (COPD) or any other lung disease?		
11.	Do you have Chronic Rhinitis with a loss of your sense of smell???		
12.	Do you have/ever had heart disease, palpitations, chest pains, angina, heart attack, ischemic heart disease?		
13.	Do you have/ever had an injury or operation to your chest?		
14.	Do you have diabetes with/without complications?		
	If YES, is your diabetes controlled by insulin or tablets?		
15.	Do you have/ever had any tumours or malignancies?		
16.	Do you have hypertension/high blood pressure?		
	How is this being treated?		
17.	Do you have/ever had acute peptic ulcer, indigestion or any other stomach problems?		
18.	Do you have/ever had anaemia?		
19.	Do you have/ever had kidney disease?		
20.	Do you have/ever had Epilepsy or Fits?		
21.	Do you have/ever had dizziness, fainting attacks, or blackouts?		
22.	Do you have speech problems e.g., Cleft palate/lips or Stammer which affects communications and effectiveness of PPE		
23.	Do you have any problems with your eyesight? Monocular vision, blindness, severe visual impairment, Glaucoma, Retinal Detachment, colour vision defect or other eye disease?		

If you have answered YES to any of the above, please provide details below:

Question	Information

QUESTIONS		YES	NO
24.	Do you wear glasses? If YES, for driving, reading or both?		
25.	Do you have/ever had any hearing loss or problems with your Hearing?		
	Do you wear a hearing aid?		
26.	Have you any current Infectious diseases?		
27.	Do you suffer from any acute or chronic skin conditions? e.g., eczema, dermatitis, psoriasis?		
28.	Do you have any problems that limit your mobility such as upper & lower limb abnormalities e.g., chronic arthritis, limb amputations, hemiplegia, paraplegia or acute injuries?		
29.	Do you have any difficulties with any particular jobs or tools you work with?		
30.	Do you have/ever had back pain, neck pain?		
31.	Do you have/ever had aches, pains, stiffness or swelling of shoulder, arm or leg joints?		
32.	Have you had any broken bones? If so, which ones?		
33.	Do you have/ever had spinal abnormalities or deformities or back surgery?		
34.	Do you have/ever had mental health disorders e.g., Psychosis, Depression, schizophrenia, anxiety states, panic attacks or suffered from stress (work or non-work related)?		
35.	Do you have/ever had phobias e.g., phobias of enclosed space, height phobias or darkness phobia?		
36.	Are you currently or have you received treatment in the last two years concerning any of the above?		
37.	Do you have any medical condition/s that affect your sleep? E.g., sleep apnoea, narcolepsy?		
38.	Do you have any problems with your balance?		
39.	If applicable, are you pregnant?		
40.	Do you use any recreational or illegal drugs?		
41.	Do you have any alcohol or drug dependency problems?		
42.	How much alcohol do you drink in a week?		
43.	Do you have any other health concerns/problems/disability that may affect your ability to do your job or the proposed job?		

If you have answered YES to any of the above, please provide details below:

Question	Information

Confidentiality All Occupational Health staff sign a confidentiality agreement that states that all information received whilst working for Unity remains confidential.

What is Occupational Health about? Occupational Health (OH) is concerned with the effect of work on health and aims to ensure that employees are fit for the work that they do. OH, doctors and nurses work with both employers and employees to maintain the health and wellbeing of individuals through health promotion and assessment whilst at work.

Privacy & Dignity Unity is committed to maintaining the privacy, dignity and confidentiality of the client and employees at all times, adhering to the principles of the Nursing & Midwifery Council and General Medical Council Codes of Conduct.

Consent Written Consent – this is requested during a face-to-face consultation or health assessment, when a report is required for your manager. If you choose not to give consent, then management decisions will be made without the benefit of occupational health advice. The report will not contain confidential clinical information about you unless this has been agreed with you in advance and will focus on answering the questions raised in the original referral form sent to us by your manager. If you have refused to give consent to release information to a manager that may have a safety implication to your role, then the clinician may advise you that they will inform the manager that you are not fit to work in that role. You will always be informed when this is going to occur.

Occupational Health Records All occupational health paper records are held in compliance with the General Data Protection Act 2018, and Access to Medical Reports Act 1988. The notes are stored securely in locked cabinets which only the Occupational Health team have access to. Electronic records are stored securely and backed-up regularly. Records can only be accessed by Occupational Health staff who hold log in/passwords.

Your rights under the General Data Protection Regulations

There are 8 fundamental rights that effect how we can collect, store and use your data. They are:

1. **The right to be informed** – Unity must be completely transparent in how we are using your personal data (personal data may include data such as a work email, work mobile if they are specific to an individual, health information, etc).
2. **The right of access** - you have the right to know exactly what information is held about you and how it is processed. This is encapsulated in our Privacy Policy, which is available on request.
3. **The right of rectification** - you will be entitled to have personal data rectified if it is inaccurate or incomplete.
4. **The right to erasure** – this is also known as 'the right to be forgotten'. This refers to your right to have your personal data deleted or removed without the need for a specific reason as to why you wish to discontinue. There are exceptions to this right such as Health Surveillance records and some health assessment kept for on-going management support and assessment whilst in employment.
5. **The right to restrict processing** – this is an individual's right to block or suppress processing of their personal data to unauthorised persons.
6. **The right to data portability** - this allows individuals to retain and reuse their personal data for their own purpose.
7. **The right to object** – Unity will not use personal data for the purpose of direct marketing, scientific and historical research.
8. **Rights of automated decision making and profiling** – there are safeguards put in place to protect you against the risk that a potentially damaging decision is made without human intervention. Unity does not use any automated processing.

In practice this will mean that you have the right to ask for a copy of the personal information held by Unity Occupational Health and Wellbeing Limited. Requests must be made in writing. You also have the right to require correction of any inaccuracies in the information held.

There are exemptions set out in the data protection legislation which may form the legal basis on which an Occupational Health professional may refuse to disclose all or part of your Occupational Health record.

The main exemptions are that information must not be released if: it is likely to cause serious harm to your physical or mental health or to that of others, or it relates to someone who would normally need to give their permission (where that person is not a health professional involved in your care).