



**INFECTIOUS DISEASES AND IMMUNISATION SCREENING QUESTIONNAIRE
FOR MEDICAL STAFF**

The information which you provide will remain confidential to the Occupational Health Department.

This form must be scanned and emailed to the following address:

ohmedclearancemailbox@uhl-tr.nhs.uk

Please contact the department directly (LRI 0116-2585307, GH/LGH 0116-2502393) if you have any difficulties in completing this form.

Please complete in BLACK ink.

1. **PERSONAL DETAILS**

Surname First Names

Previous Names Date of Birth (Male / Female)

Address

.....N.I. Number: /_/_/_/_/_/_/_/_

Telephone No.'s(Home)Mobile.....Work:.....

E-Mail Address.....

General Practitioner with whom you are registered

Surgery AddressTelephone No.....

2. **EMPLOYMENT**

Post applied for at UHL:.....

Hospital Work Area

Have you worked for UHL before? If so when and in what speciality?.....

Have you worked in the East Midlands before (ie Lincoln, Derby, Nottingham, Kettering, Northampton, Mansfield)? If so when and in what speciality.....

Most Recent Employment

Please list job titles and places of employment	Start Date	Finish Date

Have you lived or worked outside of the UK for longer than 1 month in the last 2 years? **YES / NO**

If YES, please give further details

.....

3.

Have you ever had:

DETAILS

Tuberculosis (TB)	YES	NO	
Close contact with tuberculosis (TB)	YES	NO	
During the past 12 months any unexplained: - weight loss - fever - night sweats or cough for more than three weeks	YES	NO	
Blood borne virus infection e.g. Hepatitis B, Hepatitis C or HIV	YES	NO	
Latex Allergy	YES	NO	

4.

IMMUNISATION HISTORY

You **MUST** attach a copy of your immunisations / vaccinations and blood test results that you have had from other OH Services / Training Institutions to this form :

1. Hepatitis B Vaccination dates and Antibody results
2. Hepatitis B Surface Antigen
3. HIV
4. Hepatitis C
5. Measles, Mumps and Rubella Date of 2 vaccinations or Antibody results
6. Chicken Pox History or Antibody results
7. BCG date of vaccination or Heaf / Mantoux Test results

If your job involves **Invasive Procedures (Operations or surgical procedures, Including Obstetrics), work in the Emergency Department or Renal Unit** failure to provide documentation from a PHLS accredited UK laboratory of screening for Hepatitis B, Hepatitis C and HIV will delay your start date. **These results must be Identity Validated.**

NB:

This form should **not** be sent to medical staffing but **only** to Occupational Health.(see front page)

DECLARATION: I have answered these questions completely and truthfully to the best of my knowledge and belief. I agree to attend for any further necessary advice related to immunisations or follow up checks which are required for my job.

Signed Date