rockingham
OCCUPATIONAL HEALTH LTD

New Starter Questionnaire

To ensure that you are not employed in areas for which you are medically unsuited and to safeguard the health of all employees, it is necessary for this Questionnaire to be completed. The Questionnaire is CONFIDENTIAL and only the notification of your fitness for employment will be sent to Personnel/ Senior Management

Please return this form to admin@rockinghamoh.co.uk

Important: Please complete all sections fully and sign declaration, consent and authorisation sections as indicated on Page 5.

Please return completed questionnaire in the confidential reply envelope provided.

Job Role

Job Specification

Shift work	☐	Working in confined spaces	☐	Use of vibrating tools	☐
Regular night work	☐	Working in dusty environments	☐	Ability to hear audible warning signs	☐
Irregular night work	☐	Working in noisy environments	☐	Driving a car as part of the job role	☐
Manual Handling	☐	Operating machinery	☐	Use of VDU's	☐
Physical exertion	☐				

Your Details

Surname		Title	
First Name(s)		Date of Birth	
Address		Telephone	
Postcode			

Your Doctors Details

Name of GP			
Address		Telephone	

Previous Jobs – please give details of your last 3 jobs

Employer		Position	
Description of duties		Years from - to	
Employer		Position	
Description of duties		Years from - to	
Employer		Position	
Description of duties		Years from - to	

Have you been told you suffer from any of the following?

	Yes	No	Dates		Yes	No	Dates
Vibration white finger				Significant injury			
Noise induced deafness				Dermatitis / skin condition			
Work related upper limb disorder				Occupational lung disease			
Back / spine / joint disorder				Other			

Occupational Exposure Record – In your last (L) or previous (P) jobs, have you ever had repetitive exposure or high-level exposure to any of the following? (please tick) If ticked yes to the last or previous job s then please provide further information on Page 3.

Hazard	No	L	P		No	L	P
Dust (asbestos, silica, cement material etc.)				Solvents			
Manual handling				Vibration			
Chemicals incl. isocyanates				Oils / greases			
Noise				Ionising radiation			
Tar, creosote, bitumen, asphalt				High voltage electricity			
Methylene Chloride				Fumes, gases, vapours			
Biological Hazards							

Medical History / Health Status – please use additional space on Page 4 to add details if required

1. Do you have any illness/impairment/disability (physical or psychological) which may affect your work? Yes ☐ No ☐
   If **yes**, please give details below or on page 4.

2. Have you ever had any illness/impairment/disability which may have been caused or made worse by your work? Yes ☐ No ☐

If **yes**, please give details below or on page 4.

3. Are you having, or waiting for treatment (including medication) or investigations at present? Yes ☐ No ☐

If **yes**, please give details below or on page 4.

4. Do you think you may need any adjustments or assistance to help you to do the job? Yes ☐ No ☐

If **yes**, please give details below or on page 4.

	Yes	No			Yes	No
Do you wear glasses?	☐	☐	If yes, do you wear them for:	Distance / driving	☐	☐
Do you wear contact lenses	☐	☐		Reading / near	☐	☐
				VDU work e.g. Computer	☐	☐

Have sight in only one eye? ☐ ☐ If yes, please give more information

Additional information (please use the space below, or continue on a separate sheet if required)

Why should I sign this?

The consent below is requested so the questionnaire can be reviewed, and the outcome fed back to your employer. The result enables your employer to ensure that the health, safety and welfare of yourself and other employees are safeguarded.

Will the results be used for any other purpose?

No, this questionnaire is returned to Rockingham Occupational Health Ltd and is only accessible by medical personnel. A report is made to the employer, but this only recommends whether you are fit for employment, fit with restrictions, further information is required or you are unfit for the post applied for (brief comments explaining the decision may be made).

In certain circumstances, further information about any relevant medical conditions may be required from your doctor or other health professionals involved in your care. If this is necessary, further written consent will be requested and the workings of the Access to Medical Records Act 1988 explained.

DECLARATION

I declare that the information I have provided about my health is, to the best of my knowledge and belief, true and complete. I understand that not disclosing information may prejudice any subsequent entitlement to sick pay benefits, pension or life assurance eligibility.

I understand that if any recommendations to my employer are necessary as a result of this assessment, the Occupational Health Doctor will discuss the recommendations with me before making them to my employer.

*I give consent for the Occupational Health Advisor to make recommendations to my employer, without me having seen a written copy of the recommendations first.

OR

*I would like to see a written copy of any recommendations the Occupational Health Advisor may make to my employer before they are sent to my employer.

**** delete one of the above statements before signing below.***

Signature …… Date ……

For Occupational Health Use Only -

Fit for work	☐	Further Information required	☐
Fit with restrictions	☐	Unfit	☐

Comments

Signature of Doctor …… **Date** ……