

EAST SUSSEX FIRE AND RESCUE SERVICE
OCCUPATIONAL HEALTH DEPARTMENT
PRE-EMPLOYMENT HEALTH QUESTIONNAIRE



YOU MUST READ THE DECLARATION ON THE BACK PAGE BEFORE ANSWERING THE QUESTIONS IN THIS SECTION.

This form is for the CONFIDENTIAL use of the Occupational Health Department and the information provided will not be imparted to any other person. When completed please return the questionnaire in the envelope provided to the Occupational Health Department, East Sussex Fire and Rescue Service Headquarters, 20, Upperton Road, Eastbourne, East Sussex, BN21 1EU.

Please note: The purpose of this form is to ensure that you are fit for the proposed employment, that workplace adaptations can be made as required and that the work entailed will not harm your health.

PERSONAL DETAILS

Mr / Mrs / Miss / Ms / Other (please specify)		Male / female
Surname:		D.O.B.
First name(s):		
Previous surname (where applicable):		
Current address:		
Telephone no(s):		e-mail address:
Name and address of G.P.:		
Please complete the following details if you have previously had a medical examination for, or have previously been employed by, East Sussex Fire and Rescue Service		
Post/occupation:		Station / department:
Date of leaving:		Date of medical:
Outcome of medical:		
Have you a disability?		Yes / No
If yes, please provide details of your disability in the space below:		
<p>A disability is a mental or physical impairment which can have a substantial and long-term adverse effect on your ability to carry out normal day to day activities and which has lasted for or is likely to last for a year or is likely to recur again in the future. <i>This question is asked to enable us to identify what adjustments may be required to your working environment and practices to enable you to fulfil your role and responsibilities in a safe manner.</i></p>		

HEALTH HISTORY

Please tick any of the following that you have had or currently suffer from		
Heart/circulatory problems	Conditions of the central nervous system	Musculo-skeletal / joint problems (e.g. wrists, shoulders, knees)
Stroke / transient ischaemic attacks	Mental health problems / depression / post traumatic stress disorder	Back / neck problems
High blood pressure	Nervous debility / anxiety / panic attacks	Eye sight problems (e.g. wearing glasses)
Epilepsy / blackouts / fainting attacks / fits	Phobias (e.g. fear of heights, fear of enclosed spaces)	Hearing problems (e.g. deafness, tinnitus, ear infections)
Chest / breathing problems (e.g. bronchitis, Asthma, TB)	Chronic fatigue syndrome / M.E.	Vertigo / dizziness
Skin problems	Infectious diseases	Allergies / Hayfever / Sinusitis
Diabetes	Hernia	Dyslexia
Please provide further details in the space below on any health conditions that you have ticked		
Please complete the following		
	Yes	No
Have you had any health related treatments, therapies, operations or investigations?		
Are you waiting to undergo any health related treatments, therapies, operations or investigations?		
Are you taking any medication, prescribed or purchased?		
Have you had or are you considering laser surgery to your eyes?		
Are you or have you ever been dependent on any substance (e.g. alcohol, cigarettes)?		
Are you currently taking or have you taken any banned substances, recreational drugs or performance enhancing substances (e.g. heroin, ecstasy, cannabis, steroids)?		
Please provide further details in the space below on those that you have replied yes to		
Please give your: Height: _____ Weight: _____		
How many days sick leave have you taken in the last two years and on how many separate occasions? Please state reasons for sickness absence		

VACCINATION STATUS: Please state if you have been vaccinated against the following

	Yes	No	Dates completed
Tetanus			
Hepatitis A			
Hepatitis B			
Tuberculosis (BCG)			

OCCUPATIONAL HISTORY

(Please continue on a separate sheet of paper if necessary)

Job	Date from	Date to	Duties carried out

Please tick any of the following occupational hazards that you have been exposed to

Asbestos	Respiratory sensitisers	Noise
Radiation	Skin sensitisers	Extremes of temperature
Cytotoxic drugs	Known cancer inducing substances	Traumatic situations

Please provide details of any other substance / environment that you have been exposed to that you believe has had the potential to be harmful to your health

Please provide details of any health problems you have / have had which you believe to be related directly to a previous employment

DECLARATION

I declare that all answers contained in this health questionnaire are, to the best of my knowledge, true. I understand that any false statement I have made would be a breach of contract and may lead to disciplinary proceedings and possible dismissal.

I have read and understand my rights under the Access to Medical Reports Act 1988 as stated on the final page of this questionnaire.

I hereby give my consent for my GP or other doctor who has been responsible for my health care to provide a confidential medical report to the Medical Advisor (M.A.) or Occupational Health Advisor (O.H.A.). I understand that this written consent will be copied to the doctor concerned and shall have the validity of the original. I understand that I may be required to undergo a medical examination or assessment by the M.A. or O.H.A. and that all medical information obtained will be treated in the strictest confidence.

I **DO NOT*** wish to see the medical report before it is sent to the Occupational Health Department.

**Please delete the word 'NOT' if you wish to see the report before it is submitted.*

Signed:**Date:**

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TO BE COMPLETED BY THE MANAGER

Please complete the details below and return this form, with a copy of the job description, person specification and any relevant risk assessments, to the Occupational Health Department.

Please note:

It will not be possible to determine the fitness of the potential employee until this form has been received by the O.H. Department.

Manager's name:	Manager's Telephone no:
Name of employee:	
Position offered:	
Place of work:	
Full / part-time / rota duty	Permanent / temporary / casual

The position offered involves the following potential or actual exposure to the following hazards:

HAZARD	Yes	No	HAZARD	Yes	No
Lifting weights >10 kg			Human tissues / fluids		
Driving			Risk of eye injury		
Working at heights			Static posture		
Working in confined spaces			Periods of inactivity		
VDU operation			Asbestos		
Food handling			Skin irritants / sensitisers		
Night / shift working			Respiratory irritants / sensitisers		
Radiation			Excessive heat / cold		
Excessive dust			Noise		
Lone working					
Other hazards: please specify					

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EXPLANATORY NOTE: ACCESS TO MEDICAL REPORTS ACT 1988

The Medical Advisor (M.A.) or the Occupational Health Advisor (O.H.A.) is seeking your consent to apply to a doctor who has been treating you for a report giving information about your health. You are not obliged to give your consent for such a report to be released but any decision that the M.A. or O.H.A. might have to take with regard to your health status will be taken on only those facts that are available to him / her.

Before signing the declaration on the Health Questionnaire you should be aware that you have the following rights under the Access to Medical Reports Act 1988:

- An employer cannot obtain a medical report from a doctor who has been responsible for your health care without your written consent to release that report.
- You have the right to see the report before it is sent to the Occupational Health Department. If you decide you wish to see the report the M.A. /O.H.A. will inform your doctor of that fact and will notify you of the date that the application for the medical report is made. You then have 21 days in which to make arrangements with your doctor to see the report. You must make these arrangements yourself.
- If you do not indicate on the consent form that you wish to see the report but later change your mind you are able to notify your doctor directly. You then have 21 days from your notification to your doctor to see the report. Please note that your doctor is not obliged to delay supplying the report to the M.A. / O.H.A. in case you should change your mind. Therefore, your doctor may already have sent the report before receiving your new request to view it.
- When you have seen the report your doctor is not able to send it to the M.A. / O.H.A. without your further consent. You are entitled to request that your doctor amend any part that you consider to be inaccurate or misleading. If your doctor does not agree to your request you can attach a written statement to the report giving your views on its contents or withdraw your consent to release the report.
- Whether or not you decide to see the report before it is supplied to the M.A / O.H.A. your doctor is obliged to keep a copy of the report for at least six months after the date supplied by him / her and you are entitled to access to it over this period.

N.B. Your doctor is not obliged to let you see those parts of the medial report that he / she believes would be likely to cause serious harm to your physical or mental health or that of others, or which would reveal information about another person unless that person also consents. In those circumstances your doctor will notify you and you will be limited to seeing any remaining parts of the report.

N.B. Should you wish to see the report your doctor may charge you a reasonable fee for administering your inspection.