

Health Questionnaire

Name of Applicant.....

Position Applied For.....

D.O.B.....

	Yes	No	If Yes you must include details, to include date if known.
Have you seen a doctor or any other health professional in the last 2 years for any kind of health problem?			
Are you having or waiting for any treatment or investigations or have you had any in the past two years?			
Have you ever been retired or had to leave work on the grounds of ill health?			
Are you registered disabled?			
Are you currently taking any medication?			
Do you have a BCG scar?			
Have you, or any member of your family ever had Tuberculosis (TB)?			
Do you have any of the following: Cough which has lasted longer than 3 weeks Unexplained weight loss or fever?			
Have you lived/worked/visited other countries for more than 4 weeks in the last 5 years? (outside UK & Ireland)			
Have you ever suffered from any of the following?			
Have you ever had chickenpox or shingles?			
Chest pain, Angina, Heart disease, Breathlessness or High blood pressure?			
Asthma, Bronchitis, or other lung problems including Tuberculosis (TB)?			
Diabetes, Thyroid or Glandular disorders?			
Epilepsy, Fits or Blackouts			
Hepatitis, Jaundice or blood disorders which affect the immune system e.g. HIV/AIDS?			
Alcohol, drug or other substance abuse?			
Mental health or psychological problems e.g. anxiety, depression, stress, eating disorder?			
Problems with your hands, arms, legs or feet which affect movement or normal use?			
Back, Joint or neck problems?			
Skin disorders including psoriasis, eczema, dermatitis or other skin allergies?			
Do you have any other medical condition/symptoms?			
Do you have any current/recurring health condition/disability, which might affect your ability to do the proposed job?			

TO BE VERIFIED AND COUNTERSIGNED BY GENERAL PRACTITIONER

DOCTOR'S SIGNATURE

DATE

Immunisation Record

Any offer of appointment is conditional pending the successful completion of the Pre-Employment health check to include up to date vaccinations and all relevant vaccination blood results [UK only]. This requirement meets NHS and other regulatory bodies standards.

Knockdene HealthCare requires evidence of the following vaccinations:

Tuberculosis, MMR, Rubella, Diphtheria, Tetanus, Polio, Varicella [History of Chicken Pox/Shingles]
 Hepatitis B, Hepatitis C and HIV status for Exposure
 Prone Procedures (EPPs)

Evidence of the above must be certified by supplying a laboratory report, a printout from your Occupational Health Department or the following table completed, stamped and signed by your General Practitioner

You may need to use a combination of the above methods to provide evidence of all the immunisations

The HSC Trusts will ask Knockdene HealthCare to supply this information at any time if you are on a placement.

Vaccinations	Yes/No	Dates	Details
Polio			
Rubella [German Measles]			
Diphtheria			
BCG (TB)			
Heaf/Mantoux test/Six Needles (TB)			
Hepatitis C			
Hepatitis B			
1st Dose			
2nd Dose			
3rd Dose			
Titre check of Hep. B			
HB'sAG [If Titre check of Hep. B <100			
HIV Status			
MMR			
Typhoid			
Tetanus			
History of Varicella YES/NO			

Name of General Practitioner..... Address of General Practitioner..... How long has this patient been registered with the GP Practice.....Date..... Doctors Signature.....Date..... STAMP:

NAME OF OCCUPATIONAL HEALTH DEPARTMENT DOCTOR ADDRESS OF DEPARTMENT DOCTORS SIGNATURE.....DATE..... STAMP:
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