Research Passport – occupational health assessment questionnaire

The purpose of this assessment is to undertake the necessary health screening required as part of your Research Passport application. It also gives you the opportunity to declare any health problem, or disability that could affect your ability to effectively and safely undertake the duties of the position.

Should your employment involve you undertaking, or assisting with, surgical or exposure prone procedures (EPPs)[1] you will not be passed fit to commence this work until the University Occupational Health Service (OH) have obtained satisfactory documentary evidence of your blood-borne virus status and any other tests necessary to comply with the relevant Trust's Control of Infection Policy.

If you have any difficulties completing this form, or wish to discuss any issues, please contact OH for confidential advice on Tel 01223 336594, Email occhealth@admin.cam.ac.uk.

Data Protection Information
The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service (OH), as part of your occupational health record. For full details of how your personal information is used by OH, please see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement

1. Personal details

Surname:		Title: Mr /Mrs / Miss / Ms / Dr / Prof / Other	
First names:		Date of Birth:	
Address:			
Department:		Job role:	
Contact details:	Home:	Work:	
Email address:		Mobile:	
Start date:		NHS number if known:	

2a. Brief description of research activities

Please provide additional details to enable OH to assess any health risk involved in 2b on the next page.

During your research activity will you be involved in any of the following:	Yes	No
➢ Direct contact with patients/service users? *Include observation & work in clinical areas*	☐	☐
➢ Direct contact with children?	☐	☐
➢ Direct contact with vulnerable adults?	☐	☐
➢ Regular and close clinical contact with severely ill young infants (Under 3 months old) and women in the last month of pregnancy	☐	☐
➢ Working with or direct contact with patient tissues/organs?	☐	☐
➢ Working on NHS premises (e.g. laboratory) only?	☐	☐
Will you be undertaking exposure-prone procedures (EPPs)[1]?	☐	☐
Will you be at risk of exposure to blood borne viruses? *Include work with blood/body fluids*	☐	☐
Is this a passport renewal? If yes – has there been any change to activities and / or hazards? *Please give details in 2b on the next page where there has been change.*	☐ ☐	☐ ☐

[1] Exposure prone procedures (EPPs) are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

2b. Additional details of research activities *(e.g. interviewing face-to-face or on-line, blood taking, type of laboratory / risk of exposure to any disease).*

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3. Health information

Please answer the following questions to the best of your knowledge.

		Yes	No
1.	Do you have any health condition or disability (physical or psychological), which may affect your work?	☐	☐
2.	Do you have a health condition or disability which may require special adjustments to your work activities or your place of work?	☐	☐
3.	**For research passport renewals** – have you experienced any glove / skin problems since your last research passport application?	☐	☐

If you have answered *yes* to any of the above questions please give further details, continuing on a separate sheet if necessary *(please include: type of health problem, the effect on you, when it occurred, the duration, whether it still effects you and any medication you took or are still taking).*

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For OH use only

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TB screening completed ☐ N/A ☐

Enquiry about latex allergy / skin problems [at initial screening appointment] ☐ N/A ☐

Provision of sharps card [at initial screening appointment] ☐ N/A ☐

Address – results / OHRP evidence form to be sent to:

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Clinic Nurse / OHA signature .... Date ....

Print Name ....

4. Immunisation history

To assist/expedite your application, please provide documented proof of any of the following vaccination and blood test results available. Attach a printed list of your vaccinations from your doctor's surgery and/or your photocopied vaccination records when you return your form to OH.

Have you had:	**Yes**	**No**	**Date(s)**	**Result/comments**
Tuberculosis (TB) skin test (Heaf or Mantoux)	☐	☐		
BCG vaccination	☐	☐		Scar L / R deltoid Other ………………..
Interferon gamma blood test for TB	☐	☐		
Hepatitis B vaccination	☐	☐	Initial course 1. .... 2. .... 3. .... Booster	Please give dates of when you completed initial immunisations and if applicable your last booster dose
Hepatitis B antibody test	☐	☐		_______iu/l
Hepatitis C antibody test - *required for health care workers EPP clearance only – see definition on page 1*	☐	☐		
HIV antibody test - *required for health care workers EPP clearance only – see definition on page 1*	☐	☐		
MMR vaccination	☐	☐	1st dose: …………… 2nd dose: …………...	Documented evidence of receiving two MMR vaccines after first birthday Yes / No *(delete as appropriate)*
Measles antibody test	☐	☐		Immune/non-immune *(delete as appropriate)*
Rubella antibody test	☐	☐		Immune/non-immune *(delete as appropriate)*
Tetanus vaccination	☐	☐		Give date of last booster
Diphtheria vaccination	☐	☐		
Polio vaccination	☐	☐		
Chickenpox or shingles (disease)	☐	☐		State country resident in during time of disease
Varicella (chickenpox) vaccination	☐	☐	1st dose: ………… 2nd dose: …………..	
Varicella antibody test	☐	☐		Immune/non-immune *(delete as appropriate)*
Covid-19 vaccination	☐	☐	1st dose: …………… 2nd dose: …………… Booster: …………….	Documented evidence of receiving vaccines Yes / No *(delete as appropriate)*

5 TB Screening

1. Symptom history	Y	N	*If yes to any of the questions below please give dates and details:*
Have you:			
(a) any history of tuberculosis (TB) infection?	☐	☐	
(b) in the past year had:			
• a cough lasting for more than 3 weeks?	☐	☐	
• weight loss for no obvious reason?	☐	☐	
• a persistent fever?	☐	☐	
• heavy night sweats?	☐	☐	
• fatigue or a general or unusual sense of tiredness?	☐	☐	
• loss of appetite?	☐	☐	
• coughing up blood (haemoptysis)?	☐	☐	
• swollen glands or joints?	☐	☐	
• recurrent/persistent kidney/bladder infections?	☐	☐	
2. Risk factors			
(a) In what country were you born?			*Country…………………………………..*
Have you:			
(b) had any family history of TB?	☐	☐	*If yes please give dates and details:*
(c) had household or close lengthy contact with somebody with infectious TB?	☐	☐	
(d) ever participated in work with a high risk of TB?	☐	☐	
3. High prevalence areas			*If yes please give* ***dates and duration*** *for each country/visit:*
Have you ever lived or worked in a country with a high rate of TB i.e., >40/100,000 per population for more than 3 months (cumulatively or continuously)? (see website below to check this information) http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733758290	☐	☐	

6. Declaration

I have answered all the questions on this form and declare the information is true and complete.

I agree to inform the University of Cambridge OH and any NHS organisations where I will be conducting research activities of any changes in my health circumstances that may affect my ability to perform the research activity.

I understand my responsibility to notify OH and any NHS organisation where I will be conducting research activities if I think I have had significant exposure to, or am carrying, a serious communicable disease such as hepatitis B, hepatitis C or HIV. I understand my responsibility to follow advice from a consultant occupational health physician or other suitably qualified specialist about treatments and/or modifications to my practice, should this be relevant.

I understand the importance of routine infection-control procedures, including the importance of hand hygiene, appropriate use of protective clothing and compliance with local policies in the NHS organisations, where I wish to undertake research activities.

I consent to the immunisation history information in this document being shared with the Human Resources staff at the University and in the NHS for the purpose of ensuring my suitability to conduct research within the NHS.

Signature .... Date ....

This form contains confidential medical information and must not be copied or forwarded to anyone outside the occupational health service of the researcher's substantive employer/place of study. Only with the researcher's consent may any confidential information about the researcher be discussed with the occupational health service of NHS organisations where the researcher wishes to conduct research.