



WORK HEALTH DECLARATION

The purpose of the work health declaration is to give new employees and studentships the opportunity to declare any health problems or disability that could affect their ability to effectively and safely undertake the duties of the job offered. This health declaration should be completed and returned to the recruiter.

If the answer is 'No' to the questions below then no further action will be taken and **this form will remain in your departmental personal file** to attest that you do not have any known health problem or disability that could affect your ability to undertake the job role on commencement of employment.

If the answer is 'Yes' to one of the questions **please do not put any further health details on this form.** If you are able and feel comfortable with expressing your needs with your new manager or recruiter then this should be done as soon as possible prior to commencing your new post, to ensure that any necessary adjustments or modifications to the role are fully considered and implemented accordingly. Should you or the recruiting officer or manager wish to seek medical advice or support to assist with accommodating a health condition or disability, then with your explicit consent a referral to Occupational Health will be made.

On receipt of a referral, Occupational Health will arrange to contact you for a health needs assessment either prior to or on commencement of employment. This will give you the opportunity to discuss any aspects of your health that you are concerned about in relation to your work confidentially with a doctor or nurse within the University Occupational Health team. If you are unsure whether or not your health might impact on the way you do your job, do ask. There is no guarantee that Occupational Health will be able to resolve all issues in their entirety but they will be able to work with you and with your consent your manager, to advise whatever is reasonably possible.

Surname:		Mr / Mrs / Miss / Ms / Dr / Prof / Other
First names:		Date of Birth:
Tel:		Email:

Prior to answering the questions below please review the Further Particulars, which should provide the information that you require to make an informed decision.	
1. Do you have any health problem or disability (physical or psychological), which may affect your work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a health problem or disability (including an increased vulnerability if exposed to a respiratory infection) which may require any adjustments to your work activities or your place of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: **Date:**