**Research Passport – occupational health assessment questionnaire**

The purpose of this health assessment is to give 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 (OHS) have obtained satisfactory documentary evidence of your blood-borne virus status and any other tests necessary to comply with the 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 Tel 01223 336594 Email [occhealth@admin.cam.ac.uk](mailto: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 as part of your occupational health record.  For full details of how your personal information is used by the University Occupational Health Service, 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: | |  | | | | |

**2. Brief description of research activities –** *This will enable our occupational health advisers to assess the health risk involved with your research*

|  |  |  |
| --- | --- | --- |
| During your research activity will you be involved in any of the following: | Yes | No |
| * Direct contact with patients/service users? |  |  |
| * Direct contact with children? |  |  |
| * Direct contact with vulnerable adults? |  |  |
| * 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]](#footnote-1)? |  |  |
| Will you be at risk of exposure to blood borne viruses? |  |  |
| Is this a passport renewal?  If yes - is there any change to activities and / or hazards? If yes - please give details on the next page. |  |  |

**3. Health information**

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

If you answer *yes* to any question please provide further information in the space below.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Do you have any health condition or disability (physical or psychological), which may affect your work? |  |  |
| 1. Do you have a health condition or disability which may require special adjustments to your work activities or your place of work? |  |  |
| 1. **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** *(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).*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**For OHS use only**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 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 to be sent to: |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clinic Nurse / OHA signature | |  | Date |  |
| Print Name |  | |  |  |

**4. Immunisation history**

***Please include copies of any of the following immunisation and blood test documentation available***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you had:** | **Yes** | **No** | **Date** | **Result/comments** |
| Tuberculosis (TB) immunity test (Heaf or Mantoux) |  |  |  |  |
| BCG vaccination |  |  |  | Scar L / R deltoid  Other ……………….. |
| Interferon gamma test for TB |  |  |  |  |
| Hepatitis B vaccination |  |  | Initial course        Booster | Please give dates of when you completed initial immunisation 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 |  |  | First  dose \_\_\_\_\_\_\_\_  Second  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) |  |  |  |  |
| Varicella (chickenpox) vaccination |  |  | First  dose \_\_\_\_\_\_\_\_  Second  dose \_\_\_\_\_\_\_\_ |  |
| Varicella antibody test |  |  |  | Immune/non-immune  *(delete as appropriate)* |

1. **TB Screening**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Symptom history**   Have you: | Y | N | *If yes to any of the questions below please give dates and details:* |
| (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? |  |  |  |
| 1. **Risk factors** |  |  |  |
| (a) What is your country of origin/birth? |  |  | *Country…………………………………..* |
| Have you:  (b) had any family history of TB?  (c) had household or close lengthy contact with somebody with infectious TB?  (d) participated in high risk work over the last year? |  |  | *If yes please give dates and details:* |
| 1. **High prevalence areas** |  |  | *If yes please give* ***dates and duration*** *for each country:* |
| 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? (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 OHS 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 the OHS 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 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.*

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. [↑](#footnote-ref-1)