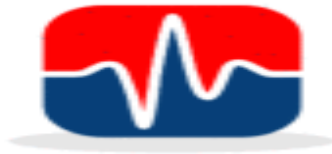


# Knightingles



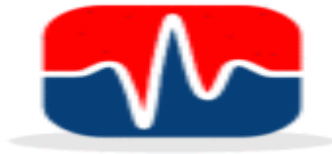
## Healthcare Limited

### Medical Questionnaire

Our aim at Knightingles Healthcare is to ensure that our staff work in a healthy and safe environment and we are committed to promoting your health and safety at work. Before we can offer you employment we would like to know if you have any health problems that could affect your ability to undertake certain tasks pertaining to your role. After the assessment we may recommend certain adjustments to enable you to perform your job.

Personal Information			
Title (Mr, Mrs, Miss, Dr etc):			
Surname:		Forenames:	
Current Address:			
Postcode:		D.O.B:	
Mobile Phone Number:		Home Phone Number:	
GP Details			
GP Name:			
GP Address:			
Postcode:		Telephone Number:	
Job Details			
Tell us about the job you have applied for: If it involves any of the following please tick box			
Working in confined spaces:		Working during the night:	
Lifting heavy loads:		Driving:	

# Knightingles



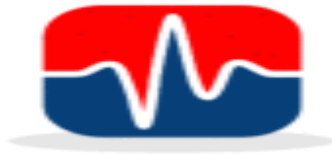
## Healthcare Limited

Exposure to needles or syringes:		Visual Display Unit (Periods of 2 hrs or more a day):	
Other:			

Previous employment in the last five years			
Employer	Nature of your work	Start date	Finish date

All staff groups complete this section		Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?		<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis			
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)		Yes	No
Have you lived continuously in the UK for the last 5 years?		<input type="checkbox"/>	<input type="checkbox"/>
If you answered no above, please list all of the countries that you have lived in over the last 5 years			
Have you had a BCG vaccination in relation to Tuberculosis?		<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when		Date	
Do you have any of the following		Yes	No

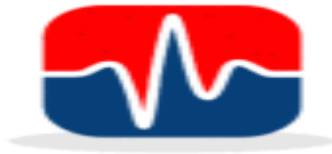
# Knightingles



## Healthcare Limited

A cough which has lasted for more than 3 weeks		<input type="checkbox"/>	<input type="checkbox"/>		
Unexplained weight loss		<input type="checkbox"/>	<input type="checkbox"/>		
Unexplained fever		<input type="checkbox"/>	<input type="checkbox"/>		
Have you had tuberculosis (TB) or been in recent contact with open TB		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Chicken Pox or Shingles</b>					
Have you ever had chicken pox or shingles					
Yes	No	Date			
<b>Immunisation History</b>					
Have you have any of the following immunisations			Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)					
Polio					
Tetanus					
BCG Vaccination					
TWO M.M.R's					
Varicella (Chickenpox)					
Hepatitis B (If Yes is ticked please give dates below)					
Course:	1	2	3		
Boosters:	1	2	3		
<b>HIV</b>					
Have you had an HIV Test	Yes	No	Date	Result:	
Do you have reason to believe that you may have been exposed to HIV infection				Yes	No
<b>HEPATITIS C</b>					
Have you had a Hep C antibody Test	Yes	No	Date	Result:	
Do you have reason to believe that you may have been exposed to Hep C infection				Yes	No
<b>Proof of Immunity (Please send the following)</b>					
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we <u>strongly advise</u> that you provide serology test result showing varicella immunity				

# Knightingles



## Healthcare Limited

Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result <u>(Do not Self Declare)</u>		
Rubella, Measles & Mumps	Certificate of “two” MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps		
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100iu/l or above		
<b>Proof of Immunity (Please send the following) EPP Candidates Only</b>			
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)		
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)		
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)		
<b>Important Information (IVS)</b>			
An IVS report defined according to the following criteria			
The healthcare worker should show proof of identity with a photograph – NHS trust identity badge, new driver’s licence, credit cards, passport or national identity card – when a sample is taken.			
<b>Exposure Prone Procedures</b>			
Will your role involve Exposure Prone Procedures		Yes	No
<b>Recommendations</b>			
I understand that if any recommendations to my employer are necessary as a result of this Assessment.			
I give consent for the Knightingles Healthcare Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first			<input type="checkbox"/>
I would like to see a written copy of any recommendations the Health and Work Centre may make to my employer before they are sent to my employer.			<input type="checkbox"/>
<b>Declaration</b>			
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief			
Name	Signature	Date	