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| READ THIS CAREFULLY BEFORE COMPLETING THIS FORM This form is to be completed by the individual undertaking the research, with the guidance of the Manager responsible for leading the research, where necessary  The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the research activities you will be undertaking in order to protect your own and others’ health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety. If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice.  Please complete this form and return it directly to the University of Nottingham Occupational Health Department, Lenton Hurst, University Park, Nottingham NG7 2QL. |

**Contact Details**

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| Your Name Click here to enter text. Mr/Mrs/Ms/Miss/Dr Click here to enter text.(BLOCK CAPITALS PLEASE)  Contact Tel No Click here to enter text. Faculty Click here to enter text.  School / Dept Click here to enter text. Division (if appropriate)Click here to enter text.  E-mail address Click here to enter text. Address for us to reply to Click here to enter text. Date of Birth Click here to enter text. Student / Payroll N° Click here to enter text. |

**Brief Description of Research Activities**

(This will enable our occupational health advisers to assess the health risk involved with your research)

1. During your research activity will you be involved in the following:

a) Direct contact with patients/service users? Select.

b) Working with or direct contact with patient tissues/organs? Select

2. Will you be undertaking exposure-prone procedures (EPP)\*? Select.

3. Will you be at risk of exposure to blood-borne viruses? Select.

\* EPPs are 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.

**Vaccination History**

Please give details of vaccinations and tests you have had. Where possible, give dates and results.

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| **Immunity History** | | |
| 1a | Rubella vaccination (German measles) | Date:Click here to enter a date. |
| 1b | Rubella screening | Date:Click here to enter a date. |
| Result:Click here to enter text. |
| 2a | Hepatitis B vaccinations | Date (1):Click here to enter a date. |
| Date (2):Click here to enter a date. |
| Date (3):Click here to enter a date. |
| 2b | Hepatitis B booster | Date: Click here to enter a date. |
| 2c | Hepatitis B antibody screening | Date: Click here to enter a date. |
| Result: Click here to enter text. |
| 3a | Heaf, Mantoux or Tine test (TB test) | Date: Click here to enter a date. |
| 3b | BCG (TB vaccination) | Date: Click here to enter a date. |
| 4 | Polio booster | Date: Click here to enter a date. |
| 5 | Tetanus booster | Date: Click here to enter a date. |
| 6 | Varicella (chicken pox) screening | Date: Click here to enter a date. |
| Result: Click here to enter text. |
| 7 | Other | Date: Click here to enter a date. |

**Declaration of Health**

1. Do you currently or have you previously had any health problems, including psychological   
problems, or are you awaiting surgery? Select

2. Are you presently receiving any prescribed medication, treatment   
or therapy except contraception? Select

3. How many days off sick have you had over the past two years? Enter number.

4. Do you have any health condition caused or made worse by work? Select.

5. Do you have any disability or other health condition not mentioned   
above that may require additional help or support to perform the   
research activity? Select.

If you have answered ‘yes’ to any of the above, please give details including dates and how it affects you now. Continue on a separate sheet if necessary

Click here to enter text.

University Project code for recharge Click here to enter text.

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation may be grounds for rejecting this application and/or subsequent disciplinary action.

I consent to relevant health information about me being shared between the occupational health service of my employer/place of study and the occupational health service of any NHS organisations where I wish to undertake research activities. I hereby agree to inform the occupational health service of my employer/place of study and of 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 occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities if I think I have had significant exposure to, or am carrying, a serious communicable condition such as Hepatitis B, Hepatitis C or HIV and to follow advice from a consultant in occupational health or another suitably qualified colleague about treatments and/or modifications to my practice.

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.

Signed Date