

### Work Health Assessment

Staff are asked to complete this form with the support of their line manager. Once completed it should be emailed to [occhealth.admin@porthosp.nhs.uk](mailto:occhealth.admin@porthosp.nhs.uk)

Occupational Health will review all returned forms and contact anyone who requires a follow up health assessment based on the information they have provided. Consideration will be given to any adjustments needed to protect you whilst at work.

In normal circumstances it would not be appropriate for managers to seek health information from staff beyond functional capabilities. However in the current situation enquiry by managers of the presence of any underlying health condition is not unreasonable, subject to caution about sensitivity and confidentiality.

Staff member's name(s)	
Contact number	
Email address	
Home address	
Date of birth / Age	
Gender	
Job title	
Working hours	
Location/Ward/Area	
Division	
Line manager's name / Title	
Manager's email address	

#### Risk Factors to be taken into account

##### Staff member's ethnic group – please tick

A – White British		K – Asian or Asian British – Bangladeshi	
B – White Irish		L – Any other Asian background	
C – Any other White background		M – Black or black British – Caribbean	
D – Mixed white and black Caribbean		N – Black or black British – African	
E – Mixed white and black African		P – Any other black background	
F – Mixed white and Asian		R – Chinese	
G – Any other mixed background		S – Any other ethnic group	
H – Asian or Asian British – Indian		Z – not stated	
J – Asian or Asian British – Pakistani			

##### Current work status – please tick

I am currently Shielding		I am currently pregnant	
I am currently working from home		I am working on site	

##### Current post involves – please tick

Directly caring for Covid-19 patients (tested as positive) and undertaking Aerosol Generating Procedures (AGPs)	
Directly caring for Covid-19 patients (tested as positive) but not undertaking AGPs	
Directly caring for patients not tested / unknown Covid-19 status but within 2 metres of patients – within any setting	
Providing a service to other colleagues in the care setting (e.g. Cleaning, Estates, IT)	
Providing a service to colleagues but not directly in the care setting (e.g. Training)	

**PPE – this section only applies where PPE is recommended – please tick**

Staff member is trained to use appropriate PPE		Staff member is fit-tested if required	
Staff member is confident and competent in using appropriate PPE		Appropriate PPE is available at all times	

If any of the PPE boxes cannot be ticked Infection Control advice must be sought on the Covid19 bleep 1399

**Please look at Table 1 on the next page and then tick the right hand box below that applies to you**

Yes – I think that something in Table 1 applies to me	I have discussed it with my line manager	
	I would like to discuss it with occupational health	
	I have already discussed it with occupational health	
No – nothing in Table 1 applies to me. Please date and sign and submit to occupational health		

**Please describe any underlying health conditions or concerns that you have. If you do not wish to disclose this information to your manager you will have the opportunity to discuss this with OH**

Confirmation of Diagnosis/describe underlying health condition or concern	
How long have you had this problem?	
How does it affect your day to day activities?	
When did it last affect you?	
What medication do you take? Please give details of all medication and doses (daily/weekly/occasionally as required)	
Body mass index (BMI)	
Any additional comments?	

**I agree to ESR being updated indicating whether I have a disability – please tick**

No I do not have a disability		Yes learning disability/difficulty	
Yes - unspecified		Yes – physical impairment	
Yes – long standing illness		Prefer not to answer	
Yes – mental health condition		Other – please give more details	
Yes – sensory impairment		No I do not want ESR updated	

Signed		Date	
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Please return this form to [occhealth.admin@porthosp.nhs.uk](mailto:occhealth.admin@porthosp.nhs.uk)

**Table 1 - Please check whether you think that any of the following apply to you**

**You are clinically extremely vulnerable to COVID-19 infection**

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in this group.

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People in this group should have been contacted to tell them they are clinically extremely vulnerable.

**You are clinically vulnerable to COVID-19 infection**

Clinically vulnerable people are those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
  - chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
  - diabetes
  - a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
  - being seriously overweight (a body mass index (BMI) of 40 or above)
  - pregnant women

**You have concerns about your mental health or wellbeing**

**You have other specific concerns**