

Student Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course \_\_\_\_\_

Start Date \_\_\_\_\_

## Occupational Health Department Confidential Health Questionnaire for Students

### **GUIDANCE FOR COMPLETION OF HEALTH QUESTIONNAIRE**

Congratulations on receiving an offer of a place to undertake your course at University of Portsmouth.

Please read this guidance before completing the questionnaire.

University of Portsmouth is obliged to ensure that students have good health to manage the rigours of the course, to study and work safely in a clinical environment and maintain professional standards of conduct and behaviour. (See: <http://www.hpc-uk.org/aboutregistration/standards/standardsofproficiency/>)

Poor health may put patients, service users and/or colleagues at risk by transfer of infection or because of ill-judgment or impaired performance. All students are therefore asked to complete an initial health screening procedure using this confidential written health questionnaire. As a student, undertaking a placement, you are likely to be exposed to a number of infectious diseases. Information about your immunity status to common infectious diseases is requested so please ensure you include this information on the attached form, from your General Practitioner (GP).

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake your chosen course or place you at any risk in the workplace during placements.

You should provide as much detail as possible about any on-going health concerns which will enable the Occupational Health Practitioners to assess your fitness and to make any recommendations to support you in your studies.

Having a health condition, an illness or impairment will not prevent a student from entering placement, provided that adjustments or modifications can enable the student to achieve the necessary competencies of knowledge, skills and behaviour required for the course. You are therefore actively encouraged to disclose such information.

An Occupational Health Nurse Adviser may contact you for further information by telephone or request that you attend the Occupational Health Department for a consultation with either an Occupational Health Nurse Adviser or Physician.

The Science Faculty Placement Office will be advised of your fitness status. Your answers to this questionnaire will be confidential to the Occupational Health team and will not be given to anyone else without your permission. Any personal or sensitive information will not be disclosed to third parties without your express consent unless it is deemed in the public interest.

When you use services provided by Health Safety & Wellbeing Services (HSWS), the details of your contact with us e.g. immunisation, screening, appointments, and care are recorded on our electronic record system. Your records are stored securely for the length of your employment and for 6 years after leaving your employer. In some cases where health surveillance under Control of Substances Hazardous to Health Regulations (COSHH) is required your data will be stored for 40 years. For classified employees under Ionising Radiation Regulations (IRR), we are required to store your data for 30 years. In the event that your employer changes to another OH service provider, or your contract of employment is transferred to another organisation under Transfer of Undertakings (Protection of Employment) Regulations (TUPE), we will seek your consent to securely transfer your HSWS records to the relevant OH service provider.

## GP CERTIFICATE AND IMMUNISATION REPORT

Please arrange for the Doctor's Certificate and immunisation report to be completed by your registered GP. Once you have obtained this certificate and immunisation report from your GP, please send it to Occupational Health at the address, email or fax number below:

Email: [occhealth.admin@porthosp.nhs.uk](mailto:occhealth.admin@porthosp.nhs.uk)

Fax: +44 (0)23 9228 6739

Tel: +44 (0)23 9228 3352

Address: Occupational Health Department  
Queen Alexandra Hospital  
Southwick Hill Road  
COSHAM  
United Kingdom  
PO6 3LY

Please note that you must obtain your GP certificate before you commence your course. The questionnaire and GP certificate should be submitted no earlier than three months before your course start date:-

- All courses starting in September - submit between **1<sup>st</sup> June** and **1<sup>st</sup> September**.
- Nursing course starting in February - submit between **1<sup>st</sup> November** and **1<sup>st</sup> February**.

Questionnaires completed before the opening date will not be accepted.

If you have been unable to obtain your GP certificate and Immunisation report by the closing date, please bring these to your Occupational Health appointment at the University. This will be scheduled into your timetable.

## HEALTH QUESTIONNAIRE FOR STUDENTS

Please ensure that this part of the questionnaire is fully completed and sent to the Occupational Health Department either by post, fax or email as above.

Please note that you must complete this form before your commence your course.

Your answers to this questionnaire will be confidential to the occupational health team and will not be given to anyone else without your permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake your chosen course or place you at any risk in the workplace during placements.

Please help us by reading this questionnaire in full, and completing it in as much detail as possible in BLACK pen and in block capitals.

Title: Mr / Mrs / Miss / Ms / Other:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname/Family name:	First name:	
Previous names (if applicable):	Email:	
Date of birth:	Name of course:	
Have you ever worked/trained for the NHS before? <input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please give details/dates:	
Home Address:		
Post code:		
Mobile:	Tel home:	
Name of GP:	Tel No of GP:	
Address of GP:		

1. Do you have or have you ever had any illness/impairment/disability (physical or psychological) which may affect your course (including ability to undertake placements)?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever had any illness/impairment/disability which may have been caused or made worse by your study/work?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. 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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you think you may need any adjustments or assistance to help you on your course or to undertake placements?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Have you or a close family member (within the last 5 years) ever had treatment for Tuberculosis (TB)?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. In the last 12 months, have you had a cough for more than 3 weeks, coughed up blood or had any unexplained loss of weight or fever?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you worked in or visited a country with high incidence of TB* for an extended period of 12 weeks or more in the last 12 months? *For example countries in Africa, Southeast Asia, The Americas, Eastern Europe or Western Pacific.	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you a carrier, or suspect that you may be a carrier, of any blood borne virus e.g. hepatitis B, hepatitis C or HIV (state which virus)?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### LATEX ALLERGY

Latex products are widely used in health care. In order to identify individuals who may be prone to latex sensitisation and reduce any risks to their health please complete the following latex allergy screening questions:

9. Have you been diagnosed as suffering from a latex (natural rubber) allergy?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever had a reaction following contact with products containing latex?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever had a reaction after eating the following foods:- Banana, Avocado, Kiwi, Chestnut, Potato, Mango, Tomato?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you have a history of contact dermatitis when wearing gloves?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you ever had a severe allergic reaction in the presence of latex (e.g. wheezing, facial swelling, collapse)?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### COVID 19

14. Are you currently suffering from or had any of the following COVID-19 symptoms - high temperature and/or - new and persistent cough and /or - anosmia (loss or change of normal sense of smell which may be accompanied by loss or change in sense of taste) Or had a positive swab test for COVID 19?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you have any underlying health conditions* that may affect the placements you could undertake in relation to COVID 19? * This includes health conditions which an annual flu jab is usually recommended. Further information can be found at <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/">https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/</a>	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### COVID-19 VACCINATION

If you have been vaccinated please send documented evidence of this to us via email at [occhealth.admin@porthosp.nhs.uk](mailto:occhealth.admin@porthosp.nhs.uk) or attach to this form below.

The easiest way for you to access your vaccination record is via the NHS app. This can be accessed through your web browser on your computer at [www.nhsapp.service.nhs.uk/login](http://www.nhsapp.service.nhs.uk/login) or downloaded onto a smartphone via the App Store/Play Store. Once the App has been downloaded, you need to select "Get COVID Pass for Travel". This then produces a document with the detailed vaccination information side by side and can be sent to us.

Please note that we are unable to accept photos of a vaccination card as evidence.

## DECLARATION

(To be completed by all Students. Please read carefully and ensure you tick the appropriate parts)

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

I am not aware of any medical reason that would prevent me from carrying out the duties required of me during my studies and placements.

**I understand that if I develop any allergic reaction that could relate to the above products during my course I shall notify my personal tutor and seek advice from Occupational Health**

I agree to attend an occupational health assessment, if necessary, and will give permission to the occupational health department to communicate with / request any information that may be required from my General or other Medical Practitioner. I understand that this information will be used to assess fitness for the course for which I am commencing.

I understand that if any recommendations to the Science Faculty Placements Office are necessary as a result of this health questionnaire, the Occupational Health Department will discuss the recommendations with me before making them.

I give consent for the Occupational Health Department to make recommendations to the Science Faculty Placement Office, without me having seen a written copy of the recommendations first.

I do not give

I give consent to the Science Faculty Placement Office and any clinical placements being informed of my covid-age risk status (see [alama.org.uk/covid-19-medical-risk-assessment](http://alama.org.uk/covid-19-medical-risk-assessment)) and Covid vaccination status.

I do not give

Signed \_\_\_\_\_

Date \_\_\_\_\_

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## CONSENT FOR MEDICAL REPORT

(Please ensure that the appropriate parts are ticked)

I give consent for a member of the Occupational Health team to request a medical report from my own GP, or any other health professional, if further information is required. And for that GP or healthcare professional to give details of my clinical condition or other relevant information to Occupational Health.

I do not give

I understand that I shall be contacted at the time when this information has been requested and that under the Access to Medical Reports Act, 1988:

- I have the right to see the report before it is sent.
- I am entitled to ask the doctor to amend or modify information which I consider is inaccurate.
- I have 21 days from notification to seek access to the report.

I wish to seek access to this report before it is sent to Occupational Health

I do not wish

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name  
(in block capitals) \_\_\_\_\_

Date of birth \_\_\_\_\_