#

**STUDENT OCCUPATIONAL HEALTH QUESTIONNAIRE**

**EXPLANATION LEAFLET**

**Why are we collecting this information?**

1. The University has a legal general duty of care to all its students and the information in this health screening facilitates the provision of this care.
2. For some groups of students there is specific statute to ensure the appropriate provision of monitoring the health and welfare of those undertaking certain courses, this information is a mandatory part of that provision.

# What we intend doing with it.

1. This information is used to comply with Health & Safety legislation regarding the University duty of care. It is also used to ensure no individual is put into an area of inappropriate risk and to develop any relevant and reasonable assistance to accommodate the student.
2. This information is used to form a baseline of an individual’s current health, which can be used by;
3. The individual should there be negligence on the part of the University in its duty of care.
4. The university in substantiating its duty of care, in law suits.
5. This information may be used as aggregate anonymous statistics.

# Who will have access to this information?

1. Staff within Student Occupational Health have access to the information. Medical records are governed by confidentiality guidance. Medical information provided will not be shared without your consent apart from in exceptional circumstances.

# What happens to this information when the individual leaves?

1. The records are archived and will be kept in accordance with appropriate legislation.

Should you have any queries, please contact the Student Occupational Health Department via the following address:

**Student Occupational Health Department**

**Counselling, Health & Wellbeing**

**Cardiff University**

**University Hospital of Wales**

**2nd Floor Cardigan House**

**Cardiff**

**CF14 4XN**

**Telephone: 02920 874810**

**Fax: 02920 874596**

**E-mail:** **studenthealth@cardiff.ac.uk**

Completing your PRE-COURSE OCCUPATIONAL HEALTH QUESTIONNAIRE

Below are some detailed examples to help you decide what you should consider when completing your assessment form. Please note this list is not exclusive and these are only examples of common issues.

**Neck, back, arthritis or joint problems**

It is a requirement that a student has capacity to move and handle people and objects safely and without any risk to the student’s ongoing health or to the patient. Pre-existing or ongoing back problems may interfere with a person’s ability to safely work as a healthcare professional and Occupational Health will need a detailed understanding of any symptoms and limitations of performance caused by these conditions.

**Epilepsy, Blackouts and Fainting**

Any alteration of consciousness, awareness or alertness, however brief, could lead to concerns for your health and safety or that of your patients. If you have such problems you must disclose the nature and/or frequency of these episodes so that a full understanding of the risk can be ascertained.

**Chest Problems**

Asthma, recurrent chest infection or other such conditions/disclosures will need to be fully explored in order to ascertain any risks to yourself or to your patients or to identify any reasonable adjustments that might need to be made to support you.

**Skin Problems – e.g. eczema and dermatitis**

Eczema may cause breaks in intact skin with the possibility of infection that could compromise your health and wellbeing or be transferred between patients. In addition, repetitive hand washing / disinfection required by healthcare professionals may initiate or worsen hand Eczema. Any such conditions/disclosures will need to be fully explored in order to ascertain any risks to yourself or to your patients or to identify any reasonable adjustments that might need to be made to support you.

**Sight or Hearing Problems**

In order to fully support an individual with a sensory loss, detailed information about the impact of the condition and/or any augmentative equipment currently used needs to be disclosed so that a full understanding of any risk can be ascertained.

**Severe or Minor Mental Illness, Psychological Issues**

In addition to the demands of an academic curriculum, students and practitioners on any of the courses will have fieldwork placements and be in practice where there will be additional pressures. It is essential that you are fully able to focus your attention on the needs of those in your care. People who have had or are experiencing either major or minor mental health issues, such as depression, bipolar disorder, schizophrenia, an eating disorder or other psychological illness may find it more difficult to maintain this level of care. It is also possible that such individuals will be more vulnerable to academic and other pressures.

In order to understand any risk associated with these conditions, please identify, in full, any difficulties requiring psychological or psychiatric support and give complete details of any symptoms and the effect these have on your performance.

Additional support will be offered and may include more frequent meetings with your academic supervisor and referral to Student Support Services along with an assessment of workload etc.

**Chronic Fatigue, Post Viral Syndrome and Related Disorders**

Any condition affecting your energy levels and concentration may be affected by working in a clinical setting and could impair your effectiveness.

**Diabetes**

Good insight and stable control must be demonstrated because of workload and physical pressures. Please provide information regarding the management of your condition and how effective it is.

**Blood Borne Viruses**

Blood borne viruses include Hepatitis B, Hepatitis C and HIV. It is very important that infection with these blood borne viruses is disclosed. Healthcare workers infected with these viruses may not be able to perform certain procedures and in order to protect patients there may need to be changes/restrictions regarding appropriate work placements.

**Learning Difficulties**

Learning disabilities, such as dyslexia, dyspraxia, or autistic spectrum disorder do not fall under the remit of Occupational Health but should be disclosed in order to identify any reasonable adjustments that might need to be made to support you, as well as ascertain any risks to yourself or to your patients.

**Other Conditions**

In general any health issues that could result either in your being a risk to yourself and/or to others needs to be fully evaluated to ensure that health and safety requirements are met. Conditions affecting your memory or insight are examples in this group. In general the occupational health team/University needs to establish your capacity for managing that risk in order to ensure the health and safety of others.

Please check that you have answered all the questions and signed in all relevant places before returning the form. Failure to complete the form will cause a delay in the screening process.

PRE-COURSE OCCUPATIONAL HEALTH QUESTIONNAIRE

**Part A – All students to complete**

**Part B – Health Information**

**Part C – Vaccination Information**

**Part D – Declaration to be signed and dated**

Please complete all the relevant parts in **black ink** with **as much information as possible**. Your completed questionnaire with health details is required to enable the Student Occupational Health Service to complete an assessment of your health and wellbeing in relation to your proposed course, your ability to perform this role and whether any adjustments or provision of equipment or aids will be required in order for you to perform this role.

All information provided in this document will be held by Student Occupational Health Service, will remain confidential and is subject to the provisions of Data Protection legislation. The Occupational Health Department will be the custodians of the documents and they will be governed by medical records confidentiality.

Information from this form will only be released with the person’s written consent (please refer to the enclosed information leaflet).

# PART A

# Personal Information:

|  |  |  |
| --- | --- | --- |
| **Surname:** | **First Name(s):** | **Title:** Mr / Mrs / Miss / Ms /  |
| Male / Female | **D.O.B.** | **National Insurance No.** |
| **Home Address:****Postcode:** | **Tel (Home):****Mobile:****E-mail:** | **GP Details: Dr****Address:****Tel No:** |
| **Course Applied For:****Start Date:** | **School / Department:** | **Course Supervisor (if known):** |

# PART B

# PLEASE COMPLETE WITH AS MUCH INFORMATION AS POSSIBLE:

Any issues or queries requiring clarification will be discussed with you either prior to enrolment or during your enrolment screening appointment.

**Please answer the following questions as accurately as possible.**

Has any employment or studies ever been terminated on health grounds? Yes / No

If yes please give details:

Do you think that you may need any adjustments or assistance to Yes / No

help you complete academic study and/or undertake professional

practice education in a healthcare setting?

If yes please give details:

# Medical History:

Do you have or have you had any of the following, if so please give further details (continue on a separate sheet if needed).

|  |  |  |  |
| --- | --- | --- | --- |
| CONDITION | **YES** | **NO** | **DETAILS** **(Dates / Treatments / Medications)** |
| Musculoskeletal problems including back / neck / limbs / joint problems |  |  |  |
| Fits / epilepsy / fainting / frequent headaches |  |  |  |
| Psychiatric illness or nervous conditions. Depression / anxiety / eating disorder/ treated for any drug or alcohol addiction |  |  |  |
| Asthma / TB / chest disease |  |  |  |
| Diabetes |  |  |  |
| Hearing / visual impairment |  |  |  |
| Dermatitis / eczema / other skin complaints / allergy |  |  |  |
| Have you ever had: |  |  |  |
| * Chicken pox
 |  |  |  |
| * Shingles
 |  |  |  |
| * Measles
 |  |  |  |
| * Mumps
 |  |  |  |
| * Rubella
 |  |  |  |
| Have you ever attended hospital as an in/outpatient? Please provide dates |  |  |  |
| Have you had more than 4 weeks’ sickness absence from work / school within the last 2 years? |  |  |  |
| Any other illness, impairment or disability, physical or psychological which may affect your studies or ability to work in healthcare practice environment. |  |  |  |

# PART C

**Before sending this form to Occupational Health, you MUST obtain a copy of your vaccination history from your doctor and ATTACH IT TO THIS FORM. If you have had any vaccinations elsewhere (school, employment etc.) you must also attach evidence of these.**

**HEALTH FORMS RECEIVED WITHOUT THIS EVIDENCE ATTACHED WILL BE RETURNED**

Vaccination documentary evidenced to include:-

**Essential**

* MMR's (x 2 vaccinations)

**Desirable**

* Any Hepatitis B vaccinations received
* Copy of blood test results for Hepatitis B antibodies
* Meningitis ACWY
* Other childhood vaccinations

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# Part D

# DECLARATION TO BE COMPLETED BY ALL STUDENTS:

Please read the declaration below, tick each box once completed then sign and date that you have understood it.

1. I declare that the information given in this document is true and complete to the best of my knowledge and I understand that failure to disclose information may affect my acceptance onto the course.
2. I consent to a medical consultation if necessary
3. I agree to undergo blood tests and accept vaccinations necessary to undertake the healthcare course.
4. I have obtained a printout of my vaccination history and attached it to this form.

Signature:…………………………………….. Date:……………………………