



Accreditation:

Occupational Health Services is a division of Safe Effective Quality

University Hospitals Sussex NHS Foundation Trust Occupational Health Services

**HEALTH CLEARANCE FOR CURRENT UHSUSSEX FOUNDATION TRUST STAFF MOVING TO ANOTHER ROLE IN THE TRUST**

Your answers to this questionnaire will be confidential to Occupational Health Services (OHS) and will not be given to anyone else without your written permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace.

OHS processes personal and health data in line with the Data Protection Act 2018 as per our Privacy Statement <https://www.uhsussex.nhs.uk/services/occupational-health-services/>

Further information about OHS can be found by clicking on the link below, selecting Guidance documents and additional information and Occupational Health Services:

<https://www.uhsussex.nhs.uk/documents/occupational-health-information-sheet>

**Please complete this form and email to:**

[**uhsussex.PEHQ.occhealth@nhs.net**](mailto:uhsussex.PEHQ.occhealth@nhs.net)

|  |  |
| --- | --- |
| First name: | Surname: |
| Any previous names: | |
| Date of birth: | |
| Mobile number: | |
| email address: | |
| Current job title:  Current ward/department: | |
| New job title:  New ward/department:  Does this new role include direct patient contact? Yes  No  New manager: | |

Do you have a health condition or disability which may affect your work in this role? (Please select the relevant box)

I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I have been offered.

I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.

(Please provide further details)

Diagnosis:

Date of diagnosis:

Symptoms:

Treatments:

Current impact on daily living activities:

Current impact in the working environment, including adjustments provided:

Please detail any adjustments or assistance you may need in the post you have applied for:

### DECLARATIONS

I declare that the answers I have given are true and complete to the best of my knowledge.

I am aware that Occupational Health Services will inform me if I need vaccinations or blood tests on commencement of my job. I acknowledge that, for patient safety, I am expected to attend when requested. If I fail to attend, my manager will be informed of what communicable disease I am not protected from.

**By ticking this box  you confirm you are aware that Occupational Health Services has a duty of care to inform your manager of your non-immune status to TB/chicken pox/measles/rubella (as applicable) so that a workplace risk assessment can be undertaken.**

|  |  |  |
| --- | --- | --- |
| **NAME**  **(CAPITAL**  **LETTERS)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signed | | Date |

**(YOUR TYPED NAME IS ACCEPTED)**