

**Employee Work Health Questionnaire**

Please complete the form to provide information which the Occupational Health Service (OHS) will use to assess you and advise the University management of any action they recommend is taken to comply with the University’s obligations towards you. This may require a telephone consultation or an appointment with one of the Occupational Health Nurses or Physicians. We would be grateful for your co-operation in discussing fully with the Occupational Health Service your individual needs.

You are obliged to make the University aware of any changes to your health which may impact on your ability to do your job either prior to or during the course of your employment. There are specific roles within the University which will require an automatic appointment with the Occupational Health Service because of particular job hazards and you will be notified should this be the case.

|  |  |
| --- | --- |
| **Do you have a known health condition or disability?**If yes please provide details  |  |
| **May this health condition or disability affect your ability to carry out your role or perform it safely?**If yes please provide details  |  |
| **Are you having or waiting for treatment or investigations of any kind at the present time?**If yes please provide details  |  |
| **May this treatment or investigation, or any potential diagnosis, impact on your ability to carry out your role or perform it safely?**If yes please provide details  |  |
| **Are you taking, or will you be taking any medication which might affect your capacity to carry out your role or perform it safely?**If yes please provide details  |  |
| **Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism?**If yes please provide details  |  |
| **Do you need any special aids or adaptations to assist you at work, including access to/from premises, regardless of whether or not you have a health condition or a disability?**If yes please provide details  |  |
| **Have you ever left any previous employment on health grounds or required adjustments to previous roles because of health problems?**If yes please provide details  |  |
| **Are you currently, or have you ever been employed by the University of Portsmouth?**If yes please provide details  |  |

**DECLARATION**

In accordance with the University’s obligations under the Data Protection Act 1998 the University confirms that the information provided in this form relating to your personal situation will be processed in accordance with the requirements for ‘sensitive personal data’ as defined in the Data Protections Act 1998. By returning this declaration form you are giving your consent to the University processing this data in that way.

I certify that to the best of my knowledge and belief my answers to this questionnaire are correct and I have not withheld any relevant information. I have read the job description, person specification and job hazard information and consider myself to be mentally and physically fit for this job.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Email Address:** |  |
| **Phone number:** |  |
| **Date:** |  |
| **Job Title:** |  |
| **Department:** |  |

**Please return this form to occupationalhealth@port.ac.uk**