**Casual Workers - Employee Health Questionnaire**

Please complete this form to provide information which your manager will use to assess whether any action may need to be 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.

***Please consider the questions below. If you would answer ‘yes’ to any of them your manager will arrange a referral to the Occupational Health Service. Please do not provide any medical details on this form. This will be discussed in confidence with Occupational Health where applicable.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Email Address:** |  | **Phone number:** |  |
| **Casual role applied for:** |  |
| **Department:**  |  | **Signature** **Date**  |  |

|  |  |  |
| --- | --- | --- |
| Questions | YES | NO |
| 1. **Do you have a known health condition or disability?**
 |  |  |
| 1. **May this health condition or disability affect your ability to carry out your role or perform it safely?**
 |  |  |
| 1. **Are you having or waiting for treatment or investigations of any kind at the present time?**
 |  |  |
| 1. **May this treatment or investigation, or any potential diagnosis, impact on your ability to carry out your role or perform it safely?**
 |  |  |
| 1. **Are you taking, or will you be taking any medication which might affect your capacity to carry out your role or perform it safely?**
 |  |  |
| 1. **Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism?**
 |  |  |
| 1. **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?**
 |  |  |
| 1. **Have you ever left any previous employment on health grounds or required adjustments to previous roles because of health problems?**
 |  |  |

**DECLARATION –** *please tick one*

I certify that to the best of my knowledge and belief my answers to this questionnaire are **‘no’** 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.

I have read the job description, person specification and job hazard information and consider myself to be mentally and physically fit for this job**.** The answers to one or more of the above answers to the questions are **‘yes’** and **I understand I may be contacted by Occupational Health.**

|  |  |
| --- | --- |
| **Are you currently, or have you ever been employed by the University of Portsmouth?** |  Yes No |
| **If yes please provide details** (e.g. role, department, start and finish dates) |  |

**PLEASE RETURN THIS FORM TO YOUR LINE MANAGER**