

## Occupational Health Service Confidential Health Questionnaire for Dental Academy Students

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

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

Course \_\_\_\_\_

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

### GUIDANCE FOR COMPLETION OF HEALTH QUESTIONNAIRE

Congratulations on receiving a conditional offer of a place to study a clinical course at the University of Portsmouth (“the University”).

The University 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.gdc-uk.org/Dentalprofessionals/Fitnesstopractise/Pages/default.aspx>

[https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730860HEOPS\\_Dental\\_Students\\_fitness\\_standards\\_2013\\_v11.pdf](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730860HEOPS_Dental_Students_fitness_standards_2013_v11.pdf)

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 Medical Practitioner (GP).

You should provide as much detail as possible about any ongoing 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.

You will need to fill out the form fully before arranging for your registered GP to view this in its entirety and to complete their section. Once your GP has completed this section, **Please take a copy of your form and any additional health/vaccination information for your records** before sending it to Occupational Health via email at [ohda@port.ac.uk](mailto:ohda@port.ac.uk).

On receipt of this an Occupational Health Nurse Adviser may contact you for further information by telephone or request that you attend the Occupational Health Service for a consultation with either an Occupational Health Nurse Adviser or Physician.

The Science Faculty Placement Office and relevant Department will be advised of your fitness to study your chosen programme. Any personal or sensitive information will not be disclosed to third parties without your express consent unless it is deemed in the public interest.

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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:		
Local Address (in Portsmouth if known)		
Post code:		
Mobile:	Tel home:	
Name of GP:	Tel No of GP:	
Address of GP:		



**Occupational Health Service  
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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"/>



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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 come directly from, recently worked in, visited frequently, or for an extended period (more than 3 weeks) a country of high TB incidence e.g. in Africa, SE Asia, The Americas, Eastern Europe or Western Pacific?	
If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Please note below your country of birth:	
9. 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"/>

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Confidential Health Questionnaire for Dental Academy Students**

**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"/>

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### 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 Service 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 University of Portsmouth Dental Academy Clinical Director and/or Science Faculty Placements Manager are necessary as a result of this health questionnaire, the Occupational Health Service will discuss the recommendations with me before making them.

I give consent for the Occupational Health Service to make recommendations to the University of Portsmouth Dental Academy Clinical Director and/or the Science Faculty Placement Manager without me having seen a written copy of the recommendations first.

I do not give

Signed \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

Please ask your GP to complete the next section as soon as possible.

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**DOCTOR'S CERTIFICATE**

(To be completed by Doctor)

**PLEASE NOTE: A medical examination by the Student's Doctor is not required.  
Any fee required for completion of the form is the responsibility of the patient.**

Patient Full Name \_\_\_\_\_

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

Course \_\_\_\_\_

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

The above named patient is registered with your practice, and has been offered a conditional place to undertake a course with work based healthcare placements. Following the recommendations of the document "Mental Health and Employment in the NHS" by the Department of Health in 2002, it is recommended that an enquiry is made to the General Practitioner as to whether there is any evidence from their medical records, or from the GP's knowledge of the patient, which could give rise to concern regarding their ability to undertake work based healthcare placements.

I would be very grateful if you could complete the short questionnaire below

**Summary of serious illness:-**

Year	Diagnosis

To the best of my knowledge there are no medical, psychological or psychiatric problems which might give rise for concern with regard to commencement of a work based placement ; therefore

I confirm that the information I have provided is correct to the best of my knowledge and belief.

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Name  
(in block capitals) \_\_\_\_\_

Please complete the immunisation record on the following page:

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**IMMUNISATIONS**

Please complete the table below and attach evidence of vaccination records and serology reports for the vaccinations detailed below. For Exposure Prone Procedure (EPP) students, proof of negative hepatitis B surface antigen, negative HIV and hepatitis C status is required; these will be completed as part of their Occupational Health assessment on commencement of their course.

<b>Immunisation</b>	<b>Dates</b>	<b>Antibody result (if known/ applicable)</b>
Tetanus		
Polio		
Diphtheria		
BCG (TB vaccination)		
Tuberculin Skin Test (Mantoux/Heaf)		
MMR 1		
MMR 2		
Varicella Immunity or positive history of chickenpox		
Meningitis C (recommended for University students)		
Hepatitis B injection 1		
Hepatitis B injection 2		
Hepatitis B injection 3		
Hepatitis B Antibody Test (Identity Validated Sample)		
Hepatitis B injection 5 year booster		
Hepatitis B Surface Antigen (Identity Validated Sample required)		
HIV (Identity Validated Sample required)		
Hepatitis C antibody (Identity Validated Sample required)		

Practice Stamp

**PLEASE RETURN THIS FORM TO THE PATIENT**