

## **Guidance for completing the Work Health Assessment**

The purpose of the questionnaire is to determine whether you have health problems that could affect your ability to undertake the duties of the post you have been offered or place you at risk in the workplace. It may be that adjustments or assistance is recommended as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Your answers to this questionnaire will be **confidential**. We do use anonymised information for audit purposes but will not reveal confidential information in any audit report. Specific guidance about the declaration form is given below.

**Please complete all relevant sections:**

**Form 1 - Personal details – *To be completed by PPE Fit Testers***

**Form 2 – Health declaration – *To be completed by PPE Fit Testers***

### **FORM 1 – Personal details – To be completed by the prospective PPE Fit Tester**

*Please help us to help you by completing the questionnaire as fully as possible. Please complete this form in **BLACK** pen and block capitals.*

Title (Ms/Miss/Mrs/Mr/Dr/Other):	Gender:
Surname/Family Name:	First Name:
Previous Names (if applicable):	Date of Birth:
Current Employer:	Region:
Home Address:	
Post Code:	
Email Address:	
Mobile Contact:	Tel home:

Ensure that you have completed **all** relevant sections

**Form 2 – Section 1 – Health Declaration**

**ALL MUST COMPLETE THIS SECTION:-**

1. Do you have any of the following:

Condition:	Yes	No
A cough which has lasted more than 3 weeks?		
Unexplained weight loss?		
Unexplained fever?		
Have you have tuberculosis (TB) or been in recent contact with open TB?		
If yes, please give details below:		

**Form 2 - Section 2**

Please read the following two statements and indicate which applies to you by ticking yes or no:

1. Do you have any health condition or disability which might impair your ability to undertake effectively the duties of the position which you have applied for?

Yes	No

2. Do you have a health condition or disability which might affect your work and might require special adjustments to your work or work environment?

Yes	No

## DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I understand that if any recommendations to my employer are necessary as a result of this work health assessment, the Occupational Health advisor will discuss the recommendations with me before making them to my employer.

Signed..... Date.....