

**HEALTH DECLARATION FORM – WORK EXPERIENCE/PLACEMENT**

Your appointment is subject to an assessment of your fitness for work. **The purpose of this assessment is to:**

* Identify any health problems or disabilities that may make the proposed position difficult or unsafe for you or others
* Enable the Royal Devon and Exeter NHS Foundation Trust to assess what adjustments may be needed to enable you to work if you have a health problem or disability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title:** | **Surname:** | | | | **First names:** | |
| **NHS number:** | | | | | **Date of birth:** | |
| **Home address:**  **Postcode:** | | | | | | |
| **Mobile no:** | | | **Home Tel no:** | | | **Personal email:** |
| **Applying for Work Observation Week** | |  | | **Applying for Work Experience Week/Placement** | |  |

To preserve medical confidentiality, you are not required to identify which conditions or illnesses you have or have had. **If you tick NO, this form will be retained in your personal file and no further action is needed on your part. If you tick YES, this form will be sent to the Occupational Health Service. The Occupational Health Service will then contact you for further information.**

In completing this form, you give consent for it to be shared between the Royal Devon and Exeter NHS Foundation Trust and the Occupational Health Service. **Please read each question carefully.** At the end of each section there is a **Yes** or **No** box to be ticked.

**Section 1: Do any of the following apply to you?**

* Do you have any condition or disability that could affect your ability to undertake work experience/placement, including hours and shift patterns, without adjustments?
* Has your work (hours of work, role or responsibilities) been modified or have you had to leave a job because of a health problem?
* Have you lived or worked outside Western Europe, North America, Australia or New Zealand, for more than 3 months in the last 5 years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

**Section 2: Sickness absence**

* Have you had more than10 days sick in the past 2 years?
* Have you been sick on more than 5 separate occasions in any 12 month period in the past 2 years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

**Section 3: Have you ever been affected by one of the following health problems**?

* Insulin dependent diabetes?
* Epilepsy?
* Musculo-skeletal/back pain leading to more than two weeks absence or requiring treatment other than simple over the counter pain killers?
* Skin disorders e.g. hand eczema, latex allergy, colonisation or infection with MRSA?
* Depression, psychiatric problems, anxiety or stress, substance or alcohol misuse?
* Any communicable disease such as Hepatitis B, Hepatitis C, TB or HIV?
* Any condition which may result in suppression of the immune system e.g. chronic renal failure, treatment with chemotherapy, auto-immune disease?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

# In completing this form you are certifying that to the best of your knowledge and belief the information given here is true and correct. Parent / Guardian to sign if applicant under 18 years old

**Signed:** ……………………………………………..……..……………. **Date:** …………………..