# Occupational Health Service

Medical Student Health Screening Questionnaire

## Your Health as a Medical Student

Congratulations on applying for a place at the University of Leicester Medical School.

The University Hospitals of Leicester NHS Trust Occupational Health Service provide occupational health services to the Medical School and Leicester hospitals. In order to protect yourself and your future patients it is essential that you complete the confidential health questionnaire and return it as soon as possible for the attention of Liza Osborne, Departmental Administrator, by post to the Occupational Health Department, Balmoral Building, Level 0, Leicester Royal Infirmary, Leicester, LE1 5WW or by email to oh.lri@uhl-tr.nhs.uk.

Please be assured that this email account is protected by UHL’s stringent security measures and that your data will be kept entirely confidential to the Occupational Health Service only.

Conditional upon you meeting the offer we will need to see you on registration day at the Medical School in order for us to establish your immunity and any vaccinations that you may have had prior to the start of your course i.e., **Chickenpox, Rubella, MMR, TB and Hepatitis B etc.** It would be helpful if you could bring with you on your registration day details of your vaccinations and copies of any blood tests that you may have had in relation to the above infectious diseases.

It is **essential** that you return the questionnaire **as soon as possible** as this may affect your registration.

Your answers to the following questions will help us to assess your health in relation to your training and future professional career. The information which you provide will be treated as confidential as described in Leicester Medical School’s Confidentiality Policy. Please be aware that you will be asked to declare that all the statements you make are true to the best of your knowledge and that if it is subsequently shown that medical information was not disclosed by yourself, or was found to be misleading or false, your course may be terminated. Please also be aware that even if you have made a health declaration on your UCAS form that it will need to be declared again on this form. If a health interview or medical examination is required an appointment will be made for you.

Please contact the department directly (Telephone 0116-2586265) if you have any difficulties in completing this form.

**Please complete in BLACK ink.**

1. Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Click here to enter text. | First Names | Click here to enter text. |
| Previous Names | Click here to enter text. | Gender (please tick) | M [ ]  | F [ ]  |
| Date of Birth  | Click here to enter a date. |  |  |
| Mobile No. | Click here to enter text. | E-mail address | Click here to enter text. |
| Student/UCAS Numbers | Click here to enter text. |  |  |
| General Practitioner with whom you are registered |  |
| Surgery Address | Click here to enter text. | Telephone No. | Click here to enter text. |

1. Education/Employment History

|  |  |  |
| --- | --- | --- |
| Please list higher education establishments, GAP year experience, and places of employment since leaving school | Start Date | Finish Date |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Have you lived or worked outside of the UK for longer than 1 month in the last 2 years?  | Y [ ]  | N [ ]  |
| If YES, please give further details: |
| Click here to enter text. |

|  |
| --- |
| **Previous Sickness Absence**  |
| Have you lost any time from work or education because of illness during the past two years? | Y [ ]  | N [ ]  |
| If yes, please give details: Click here to enter text. |
| **Length of Absence** | **Reason for Absence** |
| Click here to enter text. | Click here to enter text. |

1. Medical History

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have or have you had any of the following?** | **NO** | **YES** | **Details and dates**(continue on back sheet if necessary) |
| Recurrent fits, faints, blackouts or dizzy spells |  [ ]  |  [ ]  | Click here to enter text. |
| Diabetes |  [ ]  |  [ ]  | Click here to enter text. |
| Back/neck or shoulder pain lasting more than two weeks, or on more than three occasions |  [ ]  |  [ ]  | Click here to enter text. |
| Problems with your hands, arms, legs or feet which affect movement or use |  [ ]  |  [ ]  | Click here to enter text. |
| Skin trouble including eczema or dermatitis or psoriasis |  [ ]  |  [ ]  | Click here to enter text. |
| Asthma, recurrent bronchitis or shortness of breath |  [ ]  |  [ ]  | Click here to enter text. |
| Hearing problems, ear infections or discharging ears |  [ ]  |  [ ]  | Click here to enter text. |
| Eyesight problems including colour blindness |  [ ]  |  [ ]  | Click here to enter text. |
| Alcohol abuse or abuse of prescription drugs or non prescription drugs |  [ ]  |  [ ]  | Click here to enter text. |
| Suffered from a nervous or mental illness including stress, anxiety, depression or a nervous breakdown.  |  [ ]  |  [ ]  | Click here to enter text. |
| Suffered from an eating disorder including anorexia, bulimia or significant weight loss apart from reasonable dieting. |  [ ]  |  [ ]  | Click here to enter text. |
| Suffered from a phobia  |  [ ]  |  [ ]  | Click here to enter text. |
| Have you ever self-harmed |  [ ]  |  [ ]  | Click here to enter text. |
| Have you had counselling, psychiatric advice or psychotherapy in the past two years |  [ ]  |  [ ]  | Click here to enter text. |
| Do you have any specific learning, literacy or numeracy difficulties [this includes dyslexia, dysgraphia, dyscalculia, etc] |  [ ]  |  [ ]  | Click here to enter text. |
| Any other issues, difficulties or conditions that might affect your ability to undertake the course or course placements |  [ ]  |  [ ]  | Click here to enter text. |
| Any Allergies |  [ ]  |  [ ]  | Click here to enter text. |
| Have you ever had: |
| Measles |  [ ]  |  [ ]  | Click here to enter text. |
| Mumps |  [ ]  |  [ ]  | Click here to enter text. |
| Chicken pox |  [ ]  |  [ ]  | Click here to enter text. |
| Have you ever had Tuberculosis (TB) |  [ ]  |  [ ]  | Click here to enter text. |
| Have you been in close contact with tuberculosis (TB) |  [ ]  |  [ ]  | Click here to enter text. |
| During the past 12 months any unexplained: |
| - weight loss |  [ ]  |  [ ]  | Click here to enter text. |
| - fever |  [ ]  |  [ ]  | Click here to enter text. |
| - night sweats |  [ ]  |  [ ]  | Click here to enter text. |
| or cough for more than three weeks |  [ ]  |  [ ]  | Click here to enter text. |
| Blood borne virus infectione.g. Hepatitis B, C, HIV |  [ ]  |  [ ]  | Click here to enter text. |
| Have you been to hospital for any tests, treatment or operations during the past three years |  [ ]  |  [ ]  | Click here to enter text. |
| Have you seen your GP during the past six months |  [ ]  |  [ ]  | Click here to enter text. |
| Are you waiting for any hospital appointments or treatment |  [ ]  |  [ ]  | Click here to enter text. |
| Are you taking medication of any kind at the moment |  [ ]  |  [ ]  | Click here to enter text. |

1. Immunisation History

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever had any of the following immunisations?** Please give the fullest details possible | **NO** | **YES** | **VACCINATION DATES** |
|  | **(First)**  | **(Second)**  | **(Third)** |
| Mumps/Measles/Rubella (MMR) |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Hepatitis B  |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| BCG  |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Poliomyelitis  |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Diphtheria  |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Tetanus |  [ ]  |  [ ]  | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

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| --- | --- | --- | --- | --- |
| **Have you ever had any of the following tests?** | **NO** | **YES** | **RESULT** | **DATE(s)** |
| Rubella antibodies |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| TB skin test |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Hepatitis B antibodies |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| HIV antibodies |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Hepatitis C antibodies |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Chickenpox (VZ) antibodies |  [ ]  |  [ ]  | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

# Declaration

I have answered these questions **completely and truthfully to the best of my knowledge and belief**. I agree to attend for any further necessary advice related to immunisations or follow up checks which are required for my training and future professional career.

The General Data Protection Regulations apply in relation to the personal and special category data we collect and hold about you and your health. We need your informed consent in order to process your data. We have a privacy notice which explains this in more detail. It is displayed in our clinical departments and on our pages on the UHL intranet. You can also request a copy by emailing ohprivacy@uhl-tr.nhs.uk or you can ring us on 0116 2585307 or 0116 2585431 and ask for a copy to be sent to you.

I understand that *failure to make a full declaration of health may lead to the termination of my course* and that failure to give full information will result in an unnecessary delay in my health clearance.

I agree to attend Occupational Health clinics when requested, to discuss having immunisations and/or tests required for this course in order to protect my health and the health of others whilst I am in healthcare training.

I understand that it is my responsibility to inform the Occupational Health department if I have or develop in the future, any infectious or medical condition (including blood borne viruses, e.g. HIV, Hepatitis B & C and psychological/psychiatric) that might put patients, colleagues or other staff at risk.

I understand that I may be required to attend the University Occupational Health department prior to admissions day and that *any change in my health prior to commencing the course*, must be *immediately notified to my admissions officer.*

I give my consent to Occupational Health consulting my GP or hospital specialist or any other Occupational Health Service to seek additional information or clarity regarding my fitness for the course and to communicate advice relating to this and in regard to my fitness for study to the

I give my consent for the University Occupational Health Department to hold and process my medical information in order to identify any potential issues with regards to my fitness for training both prior to and after A Level results day enabling them to suggest reasonable adjustments if required. I understand if I am not subsequently admitted to the University of Leicester, that my records will be destroyed.

|  |  |
| --- | --- |
| Signed  | Click here to enter text. |
| Date | Click here to enter a date. |