**Research Passport**

**Occupational Health assessment questionnaire**

*This form contains confidential medical information and only with the researcher’s consent may any confidential information about the researcher be discussed with the Occupational Health service of NHS organisations where the researcher wishes to conduct research.*

The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the research activities you will be undertaking in order to protect your own and others’ health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the Occupational Health Department on 222851 or occupationalhealth@lboro.ac.uk for advice.

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| --- | --- |
| Surname:      | Prof[ ]  Dr[ ]  Mr[ ]  Mrs[ ]  Miss [ ]  Ms[ ]  Other[ ]  |
| Forename(s):       |
| Work Address/Place of Study:       |
| Tel:       Mobile:       Email:       |
| Date of birth:        | Gender: Male [ ]  Female [ ]  |
| Staff [ ]  Postgraduate student [ ]  Undergraduate student [ ]  |

**BRIEF DESCRIPTION OF RESEARCH ACTIVITIES:**

(This will enable the Occupational Health Adviser to assess the health risk involved with your research)

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| 1. Description of proposed research work:
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| 1. Location(s) of proposed research work:
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| 1. LU Supervisor name:
 |
| 1. LU Department cost code:
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| 1. During your research activity will you be involved in the following:
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| * Direct contact with patients/service users?
 | Yes [ ]  No [ ]  |
| * Direct contact with children?
 | Yes [ ]  No [ ]  |
| * Direct contact with vulnerable adults?
 | Yes [ ]  No [ ]  |
| * Regular clinical contact with patients/service users and direct involvement in patient care?
 | Yes [ ]  No [ ]  |
| * Non-clinical social contact with patients/service users but not directly involved in patient care (e.g. focus groups/certain interview studies)?
 | Yes [ ]  No [ ]  |
| * Working in a laboratory/mortuary and handling pathogens or potentially infected specimens?
 | Yes [ ]  No [ ]  |
| * Working with specimens containing specific organisms (e.g. typhoid, smallpox etc)?
 | Yes [ ]  No [ ]  |
| * If YES, provide details of the organisms here:
 |
| 4. Will you be undertaking exposure-prone procedures (EPP)[[1]](#footnote-1)? | Yes [ ]  No [ ]  |
| 5. Will you be at risk of exposure to blood-borne viruses?  | Yes [ ]  No [ ]  |

 EPPs are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient’s open tissues to the blood of the worker. These include procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

**VACCINATION HISTORY**

Please give details of vaccinations and tests you have had. Where possible, give dates and results.

**IMPORTANT: you are required to provide documentary evidence of your vaccination history; this will most likely be information held at your GP and/ or previous OH department (where applicable). Please submit copies of any such evidence with this questionnaire. Please do not be concerned about any missing information at this stage; you will be advised fully by the OH Advisor as to what is required for your area of work.**

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| **Immunisation History** |
| 1a | MMR vaccination  | Dates: 1st 2nd  |
| 1b | Measles, mumps and rubella blood test | Date:       |
| Result:       |
| 2a | Hepatitis B vaccinations | Date: (1)       |
| Date: (2)       |
| Date: (3)       |
| 2b | Hepatitis B booster | Date:       |
| 2c | Hepatitis B antibody screening | Date:       |
| Result:       |
| 3a | Heaf, Mantoux or Tine test (TB test) | Date:       |
| 3b | BCG (TB vaccination) | Date:       |
| 4 | Polio booster | Date:       |
| 5 | Tetanus booster | Date:       |
| 6 | Have you had chicken pox?  | Yes [ ]  No [ ]  Unsure [ ]  |
| 6a | Varicella (chickenpox) blood test | Date:       |
| Result:       |
|  | Varicella immunisations | Dates: 1st 2nd |
| 7 | Other (specify) | Date:       |

**DECLARATION OF HEALTH**

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| 1. Do you currently have any health problems, including psychological problems, or are you awaiting surgery? | Yes [ ]  No [ ]  |
| 2. Are you presently receiving any prescribed medication, treatment or therapy except contraception? | Yes [ ]  No [ ]  |
| 3. How many days off sick have you had over the past two years? |       |
| 4. Do you have any health or psychological condition that may affect your ability to perform the proposed research activity? | Yes [ ]  No [ ]  |
| 5. Do you have any health condition caused or made worse by work? | Yes [ ]  No [ ]  |
| 6. Do you have any disability or other health condition not mentioned above that may require additional help or support to perform the research activity? | Yes [ ]  No [ ]  |

If you have answered ‘yes’ to any of the above, please give details including dates and how it affects you now. Continue on a separate sheet if necessary.

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| Question | Further details |
|       |       |
|       |       |
|       |       |
|       |       |

**DECLARATION**

The information in this form is true and complete. I understand that any deliberate omission, falsification or misrepresentation in the form may be grounds for rejecting this application and/or subsequent disciplinary action.

I consent to relevant health information about me being shared between the occupational health service of my employer/place of study and the occupational health service of any NHS organisations where I wish to undertake research activities. I hereby agree to inform the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities of any changes in my health circumstances that may affect my ability to perform the research activity.

I understand my responsibility to notify the occupational health service of my employer/place of study and of any NHS organisations where I will be conducting research activities if I think I have had significant exposure to, or am carrying, a serious communicable condition such as measles, rubella, tuberculosis, hepatitis B, hepatitis C or HIV and to follow advice from a consultant in Occupational Health or another suitably qualified colleague about treatments and/or modifications to my practice.

I understand the importance of routine infection-control procedures, including the importance of hand hygiene, appropriate use of protective clothing and compliance with local policies in the NHS organisations where I wish to undertake research activities.

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| Signed: | Date: |

1. [↑](#footnote-ref-1)