

OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
(Annual Review Form)
CONFIDENTIAL

Information contained within this document is governed by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

Personal Information			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
DR			
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Changes to your health	
Please ensure to tick one box only	
I confirm that I have reviewed my health questionnaire and there has been no changes to my health in the past year	<input checked="" type="checkbox"/> x
I confirm that I have reviewed my health questionnaire and I have listed the changes below	<input type="checkbox"/>

Details:

Changes to your health (Continued)		
Have you come into contact with any BBV's (Blood Bourne Virus) since you were initially screened by Occupational Health including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> x

Tuberculosis		
Have you lived continuously in the UK for the last year (Include Holidays/Vacations)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> x
<p>If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</p>		

Tuberculosis Signs & Symptoms		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/> x
Unexplained weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/> x
Unexplained fever	<input type="checkbox"/>	<input checked="" type="checkbox"/> x
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input checked="" type="checkbox"/> x

EVD (Ebola Virus Disease)		
Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone or Liberia)	<input type="checkbox"/>	<input checked="" type="checkbox"/> x
<p>If you answered YES to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</p>		

Recommendations	
I understand that if any recommendations to my employer are necessary as a result of this Assessment.	
I give consent for the Healthier Business UK Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first	<input checked="" type="checkbox"/> x
I would like to see a written copy of any recommendations that Healthier Business UK Ltd may make to my employer before they are sent to my employer.	<input type="checkbox"/>

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return. I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date