

Manager/Line Manager section

Your health, safety and welfare is important. Your manager will minimise, as far as reasonably practicable, any potential health risks from work activities.

APPOINTING MANAGER CONTACT DETAILS

Name of Organisation:			
Directorate/team:			
Name		Work base address	
Tel / mobile			

APPLICANT DETAILS

Surname		Job title	
Title		Work base	
First name(s)			
Date of birth		Home address	
Email			
Tel / Mobile			

JOB AND TASK ANALYSIS

It is a **legal requirement** for managers to carry out a **risk assessment**. If the risk assessment identifies significant health risks due to exposure to some hazards (e.g. vibration, noise, working at heights), health surveillance is required.

Applicant section

Health Statement

Please select one of the following statements that best describes your current health:

A: I do not have a health condition, allergies or disability that might impair my ability to undertake, effectively the duties of the position I have been offered.	
B: I do have a health condition, allergies or disability that might affect my work and may require special adjustments to my work or my place of work.	

If **A** selected please move to section 2

If **B** selected please move to section 1

Section 1

Please tell us about your health conditions/disability/allergies:

What, if any, medication do you take?

Section 2

DRIVING SECTION	YES	NO
Do you drive a vehicle for work purposes? (This does not include your commute to and from work)		
Please only respond to the questions below if you drive a vehicle for work purposes		
Do you have, or have you ever had any of the following?		
Impairment of vision not corrected by the use of glasses		
Difficulty seeing if glare or poor visibility		
Fits, epilepsy, fainting, blackouts		
Attacks of dizziness or vertigo		
Weakness, loss of sensation or clumsiness affecting part of your body		
Severe head injury or brain surgery?		
Difficulty hearing normal conversation?		
Trouble with your back or neck causing absence from work or a change in duties?		
Any form of cancer?		
Diabetes?		
Psychiatric illness including depression or anxiety?		
Disease of the heart or circulation including angina, heart attack valve problems?		
Abnormal heart rhythm or irregular heartbeat?		
High blood pressure?		
Any serious medical condition that may result in you being a danger to yourself or others when driving?		
Any other health condition of disability that might affect your work and may require special adjustments to your work or your place of work?		
Do you have a drink containing alcohol 2-3 times a week?		
Do you have a drink containing alcohol 4 or more times a week?		
Dependency on or misuse of alcohol, drugs or other substances?		

FOOD HANDLER SECTION	YES	NO
Are you a food handler?		
Please only respond to the questions below if you are a food handler		
At present are you suffering from, or in the last seven days have you suffered from diarrhoea and/or vomiting?		
At present are you suffering from, or in the last seven days have you suffered from stomach pain, nausea or fever?		
At present are you suffering from skin infections of the hands, arms or face e.g. boils, styes, septic fingers, discharge from eyes, ears, gums or mouth?		
At present are you suffering from jaundice?		
Do you suffer from a recurring bowel disorder?		
Do you suffer from recurring infections of the throat?		
Have you ever had typhoid or paratyphoid fever, or are you known to be a carrier of carrier of Salmonella Typhi or Paratyphi?		
Are you a carrier of any type of Salmonella?		
In the last 21 days have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?		
Do you have any other health condition or disability that might affect your work and may require special adjustments to your work or your place of work?		

DECLARATION BY APPLICANT

Please ensure you tick the declaration box, provide the date you completed the form and your full name when completing the declaration. If the declaration box is not fully completed, we are unable to process the form

Please tick the box to certify that all the answers given above are true to the best of your knowledge and belief.

Date:

Full name:

The organisation is committed to a policy of equal opportunities and to its duties under the Equality Act 2010. No disability or clinical details will be disclosed without consent. Only an assessment of your fitness for the post and advice on any adjustments or the assessment of any health and safety risks that need to be taken into account will be sent to your employing department.

The information that you provide will remain confidential to the occupational health team (in compliance with UK GDPR). Any enquiries, please contact the occupational health team on 01743 252833.

Please return to: occupationalhealth@shropshire.gov.uk

Occupational Health Team, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

This page is for office use only.

Fit for post:

OHA name:

Advice regarding fitness for work: