

**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. By completing this information, you are also consenting to your agency having sight of your questionnaire which they, may retain for compliance and auditing purposes.

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

Please ensure to tick one box only

I can confirm that I have reviewed the health questionnaire and there has been no changes to my health in the past year	<input type="checkbox"/>
I can confirm that I have reviewed my health questionnaire and I have listed the changes below	<input type="checkbox"/>

Have you come into contact with any BBV's *(Blood Borne Virus) since you were initially screened by Occupational Health including Needle Stick Injuries?	<input type="checkbox"/>
--	--------------------------

Have you suffered from any of the following?	Yes	No	Date
Methicillin resistant staphylococcus MRSA	<input type="checkbox"/>	<input type="checkbox"/>	
Clostridium Difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>	

If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

--

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived continuously in the UK for the last year (include holidays/vacations)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to the above, please list all 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.



Have you had BCG vaccination in relation to Tuberculosis?		
If you answered yes please state when	Date	

Do you have any of the following?	Yes	No
A cough which has lasted for more than three weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

I understand that recommendations made to my employment agency are necessary as a result of this assessment

I give consent for KennOres Health Care Recruitment Ltd to make recommendations to my employment agency, without me having seen a written copy of the recommendation first	
I would like to see a written copy of any recommendations that KennOres Health Care Recruitment Ltd may make to my employment agency before they are issued to my employment agency.	

I will inform my employment agency if I am planning to or leave the UK for longer than three months, 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:
--------------	-------------------	--------------