

HEALTH DECLARATION

1. Personal Details

Title:	Dr / Mr / Miss / Ms	Other:	_____
Forename:	_____	Surname:	_____
D.O.B:	_____	Gender:	Male / Female / Other
Mobile:	_____	E-mail:	_____
Grade:	_____	Speciality:	_____
GP Name:	_____		
GP Address:	_____		

Post Code:	_____		
Telephone:	_____		

2. Medical History

Do you have any illnesses, impairment or disability (physical or psychological) that may affect your ability to work?	Yes / No
Have you ever had any illness, impairment or disability (physical or psychological) that has been made worse by your work?	Yes / No
Are you having or are you waiting for treatment or investigations at present?	Yes / No
Do you think you may need any adjustments or assistance to help you do the job?	Yes / No
Have you ever had Chicken Pox or Shingles?	Yes / No
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes / No
Have you had any vaccinations for any communicable diseases in the last twelve months?	Yes / No

If you answered YES to the above, please provide details below

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3. Management of TB

Have you lived continuously in the UK for the last five years? Yes / No

If you answered NO to the above, please list the countries that you have resided in for more than one month in the last five years.

Do you have any of the following:

- | | |
|---|----------|
| A cough which has lasted more than three weeks? | Yes / No |
| Unexpected weight loss? | Yes / No |
| Unexplained fever? | Yes / No |
| Have you ever had TB, or been in contact with TB? | Yes / No |

If you answered YES to the above, please provide details below.

4. Ebola Screening

Have you been outside the UK within the last 21 days, passing through or staying in any of the following countries?
Guinea, Sierra Leone, Liberia or Mali Yes / No

(If you answered YES to the above, please complete the following two sections)

*1) List all of the countries that you have lived in/visited in the last 21 days, including holidays and vacations
- This MUST include duration of stay and dates.*

Exposure Prone Procedures

Exposure Prone Procedures are those where in case of an injury to the healthcare worker there is a risk that may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (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. EPP specialties include: Surgery, Emergency Medicine, Obstetrics and Gynaecology, Trauma and Orthopaedics and Renal Medicine. EPP Healthcare workers must provide proof of their HIV, Hep C and Hep B status, (including a Hep B surface antigen in addition to proof of immunity).

Will you be performing exposure prone procedures? Yes / No

Will you be working in a renal unit? Yes / No

Should you suspect that you may have been exposed to HIV, Hep C or Hep B and that your status may have changed, you must immediately inform Mylocum Ltd and the client that you are working with.

5. Immunisation History

Have you been vaccinated against the following: (Please circle as appropriate)

Diphtheria	Yes / No	Tetanus	Yes / No
Polio	Yes / No	Measles	Yes / No
Mumps	Yes / No	Rubella	Yes / No
Hep B, Primary Course	Yes / No	BCG/TB	Yes / No
Titre Level, (Following Booster)	Yes / No		

Please be aware that you will be required to provide documented evidence of your vaccinations.

6. Declaration

I confirm that the information I have given is true to the best of my knowledge and that I have not attempted to mislead or give any misinformation. I give permission for Mylocum to communicate with my GP and other health professionals in relation to my medical history should it be necessary. All information is strictly confidential. We will contact you prior to contacting anyone and gain your consent. I understand that if any recommendation(s) to my employer are necessary as a result of this health declaration, Mylocum will contact me first to make me aware of the recommendation(s). BCG/TB – I am aware that Mylocum recommends all healthcare workers are vaccinated against TB. I declare that if I am not immune to TB, it is my decision not to have the recommended vaccination. (Immune healthcare workers need not worry about this declaration).

Signed:

Date:

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