

New Starter Health Declaration

New starters undertaking safety specific roles or likely to require health surveillance due to workplace exposures should have a specific medical assessment or baseline health surveillance as part of their new starter medical.

Safety specific activities

- ☐ Driving
- ☐ Safety Critical Work
- ☐ Food Handling

Exposures requiring health surveillance

- ☐ Noise over 80 dB(a)
- ☐ Hand transmitted vibration over 100 points per day
- ☐ Respiratory irritants / sensitisers
- ☐ Skin irritants / sensitisers / wet work / occlusive glove use
- ☐ Chemical or biological hazard exposure
- ☐ Radiation, asbestos or lead

Privacy Notice This declaration form is used to assess your medical fitness to work in relation to the risks associated with your workplace activities. It will be processed by Focus Trust in accordance with clinical guidelines. In addition to completing this form, you may be asked to attend an Occupational Health assessment or we may request a report from your GP.

The information processed by Focus Trust will be kept confidential and stored electronically with appropriate access restrictions and security.

If additional information is required to confirm any reasonable adjustments will be made in accordance with the Equality Act, you will be sent a copy of a more detailed report and we will require your consent to its release. Focus Trust will determine whether the adjustments recommended are operationally feasible.

You have a right to request a copy of the information we hold about you. We want to make sure that your personal information is accurate and up to date. You may ask us to correct any information you think is inaccurate. You are able to gain copies of your occupational health records by applying in writing directly to the HR department at Focus Trust, confirming your name, date of birth and current address and providing evidence of your identity and address, such as a utility bill or driving license. This additional information will be disposed of immediately after processing.

This record, and additional records created as part of your new starter health assessment, will be stored for 6 years following the date you leave this employment as these demonstrate legal duty of care. You do not have the right to request that these records are deleted as we are legally and professionally required to store this information for the time period identified.

If you have any questions relating to this process, please contact the HR department.

Instructions – please read carefully as an incomplete or inaccurate information may delay your appointment. Please:

- ☐ read the list of health conditions provided overleaf before completing the form.
- ☐ answer all questions fully and honestly; failure to do so or lack of detail may delay your appointment or result in the termination of your employment.

When you have completed this declaration form, please return it, sealed, in the envelope provided.

New Starter Health Declaration

Surname:	Forename:
Previous Names:	Date of Birth:
Address:	
Postcode:	
Telephone Day:	Evening:
Confidential Email Address:	
(Please only give an email address which can be used to explore details given in this form if required. We suggest that this is not a shared email address if possible)	
GP Name and Address:	
Position applied for:	
Employer:	
Hours per week	Due Start Date:
Pattern of work (e.g. days / nights / rotational shifts days only / rotational shifts including nights)	

Health conditions we need to know about:

You should declare a physical or mental health problem by answering 'YES' if that problem:

- has caused 3 absences of 2 or more days within 3 months
- has caused 4 separate absences within 12 months
- has caused 4 weeks of continuous absence
- was caused or aggravated by previous employment
- is likely to cause time from work in the future
- is likely to get progressively worse, and is likely to be made worse by your new work
- is likely to prevent you from carrying out your contracted duties or prevent you from using equipment necessary to do your job
- causes or is likely to cause difficulties with communication, such as hearing, speech or eyesight
- impairs your movement, mobility, strength, posture, balance or co-ordination
- affects your mood, memory, judgement, social skills or ability to learn
- interferes with your level of alertness, awareness or consciousness at any time
- prevents you from responding to an emergency situation
- could cause risk of food contamination or infection control concerns

You must answer 'YES' to question 6 if you:

- are taking medication whose side effects may affect you at work
- have been advised by a doctor against undertaking particular work or activity
- if you have now, or in the past, had any drug or alcohol problems

1. Do you have the physical and mental health and wellbeing necessary to undertake the job you have applied for?	No / Yes
2. Do you have or have you had any physical or mental health condition that might affect your safety or the safety of others at work?	No / Yes
3. Do you consider yourself to have a disability as defined by the Equality Act 2010? • a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities	No / Yes

• you automatically meet the disability definition if you are diagnosed with HIV infection, cancer or multiple sclerosis	
4. Do you need any adjustments made to the workplace, workplace equipment or working practices relating to a disability?	No / Yes
5. Have you been retired, or ever had your contract of employment terminated due to ill health?	No / Yes
6. Do you have any other condition or health problem that we should be made aware of or that you want advice about regarding the job role?	No / Yes

I certify that the information given by me for the purpose of assessing fitness to work is true, to the best of my knowledge and belief, and that I have not withheld any material facts.

I understand that, in the event of my knowingly making a false statement or concealing pertinent information, this could lead to instant dismissal.

I understand that Focus Trust may treat any false statement as gross misconduct and terminate my contract offer.

Signed: _____ Date: _____

Print name: _____

For Occupational Health use only:							
Fit	Yes / No	Date:	Sig:	Received	Date:		
GP Letter	No / Yes	Date:	Sig:	Scanned	Date:		
OHA appt	No / Yes	Date:	Sig:	Ref HSurv	Date:		
OP appt	No / Yes	Date:	Sig:	Preg Letter	Date:		
Restrictions	No / Yes	Date:	Sig:	HAVS	LW	MSD	RM
Restrictions R/V	No / Yes	Date:	Sig:	Skins	NW	Drivers	Audio