# Health questionnaire for Faculty of Health and Society social work students

Please read the following before completing the questionnaire:

Your answers to this questionnaire are confidential to the Occupational Health (OH) team working for the University of Northampton and will not be given to anyone else without your written permission.

The purpose of this questionnaire is to see if you have any health problems that could affect your ability to undertake placements or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work.

Before health clearance is given you may be contacted by the OH team and may need to be seen by an Occupational Health Advisor or Physician.

Please help us to help you by completing the questionnaire as fully as possible. Please note that any failure to declare an illness may lead to a student’s place either being withdrawn or being referred to Fitness to Practice. All health issues need to be considered at this point and not when a student is undertaking a placement.

Returning your form to the university

In order to ensure your form remains confidential to the OH team please return your form in a sealed A5 envelope. Please use the label template at the end of the form on the outside of the A5 envelope.

Please place the A5 envelope inside an A4 envelope and send to:

Admissions Team 3

Park Campus

The University of Northampton

Boughton Green Road

Northampton

NN2 7AL

Do not include any other course related documentation in the envelope with this health questionnaire

## Section A

PLEASE COMPLETE IN BLOCK CAPITALS

Mr / Mrs / Miss / Ms / Dr / Prof / Other\* (Please state) \*please delete as applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  |  | Forenames: | | |  | |
| Home Address: |  | | | | | | |
|  |  | | | | | | |
| Date of Birth: |  |  |  | | |  | |
| Home Tel No. |  |  | Mobile Tel No: | | |  | |
| Email address |  | | | | | | |
| Title of Course: |  | | | | | | |
| Student ID (if known): |  | | |  | Start Date: | |  |

For Office Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cleared** | | | | **Date** | **Signed** |
| Yes | No | | |  |  |
| Notes | | | | GP Sent |  |
| Rec’d |  |
| Spec Sent |  |
| Rec’d |  |
| Final Clearance | | Yes | No |  |  |

## Section B

1. Do you have any illness/impairment/disability\* or allergies?

Yes □ No □

If ‘Yes’, please give details below

\*This is a legal definition as per the Equality Act 2010 that confers rights to individuals who may be defined as having a disability under the Act as well as placing a duty on the University to make ‘reasonable adjustments’ to ensure no-one is substantially disadvantaged compared to others.

2. If you have answered ‘Yes’ to Q1, do you think you may need any adjustments or assistance to help you do the job you are training for?

Yes □ No □

If ‘Yes’, please give details below

3. Are you having or waiting for treatment (including medication but not contraceptive medication) or investigations at present?

Yes □ No □

If ‘Yes’, please give details below

## SECTION C: Student Declaration

I declare that to the best of my knowledge, the information given in this questionnaire is true and complete.

I understand that failure to disclose relevant information or providing false information may result in the withdrawal of the offer of a place at the University or in the termination of my place on the course.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

Important: All applicants MUST sign this section. If you have answered ‘Yes’ to any of the statements in Section B, then it is possible that the OH Practitioner may require a report from your GP or Consultant. This report will help the OH Practitioner to advise the University that you are fit to undertake the proposed course, or whether you will need any support during your studies. Should this be the case we will notify you in writing that we are requesting a report from your GP and/or Specialist(s).

## Section D: Consent to Obtain Medical Report

In order to assess your fitness to undertake the proposed course, it may be necessary to obtain additional information about your health. Before you sign below, you should be aware that you have specific rights under the Access to Medical Reports Act 1988:

1. To withhold your consent for an application to be made to your doctor.
2. You may request to see a report before it is sent to us. You must arrange with your doctor to see it within 21 days. You may ask to see a copy of the report for up to 6 months after it has been requested.
3. You may ask the doctor to amend any part of the report that you feel is misleading or inaccurate.
4. If the doctor declines to amend any part of the report, you may attach a written statement giving your views on its content, or
5. You may withdraw your consent to the report being sent to the Occupational Health Office.
6. The doctor may withhold from you any section of the report if (s)he thinks you would be harmed by seeing it.

I \*agree / do not agree to a medical report on my health being requested

I \*do / do not wish to see this report before it is provided

I understand and agree that a copy of this consent form will be sent to my doctor and that the copy shall have the same validity as the original

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  |  | Date: |  |

|  |  |
| --- | --- |
| Name and address of General Practitioner | Name and Address of Specialist(s) |

Please complete and then cut out the following label for your A5 envelope

Private and Confidential

Occupational Health form enclosed

Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific health information declared Nothing declared