## OCCUPATIONAL HEALTH QUESTIONNAIRE

THIS DOCUMENT SHOULD BE PLACED IN A SEALED ENVELOPE MARKED PRIVATE & CONFIDENTIAL AND RETURNED FOR THE ATTENTION OF THE RO (\_\_\_\_\_\_\_) AREA TEAM. YOU WILL BE REQUIRED TO UNDERGO TESTING FOR BLOOD BORN VIRUSES AT YOUR OWN COST.

Surname:	First Name:		Date of birth:	
Profession: Doctor/Dentist/Optomet	rist (delete as approp	riate)		
Street Address:				
Town/City:	County:	Post	Postcode:	
Phone No:	E-mail Address:			
1. Have you lived or worked in a country other than the UK, European countries, New Zealand, USA and Canada?  YES/NO (delete as appropriate)				
If YES, which countries?				
Dates:				
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2. Do you have any health issues that may affect your ability to undertake the duties of your role?  YES/N (delete appropri				
If YES, please give details.	energia (m. 1984) (m. 1984	generating   1 d Mahi M   1 d M M   1   1   1   1   1   1   1   1   1		
		nalisanga sensa pasa pada salas sala		
3. Infectious diseases: 3.1. Tuberculosis				
Have you lived continuously in the	UK for the last 5		Lalata aa aannon viista)	
years?			lelete as appropriate)	
If NO, please list all the countries the last 5 years:	nat you have lived in o	r visited for more	than 4 weeks over the	
Do you have reason to believe that exposed to tuberculosis?	you may have been	YES/NO (d	YES/NO (delete as appropriate)	
Have you had TB?		YES/NO (d	YES/NO (delete as appropriate)	

	3.2. HIV/AIDS	namana antana anamana kaona ka ina anamana ka kikin ka ina ka		
	Do you have reason to exposed to HIV infectio	believe that you may have been n?	YES/NO (delete as appropriate)	
	3.3. Hepatitis C	water an anangon oppyra ophysop, energia anglino overdioura an ana af deall did ad did beneficial Ad did did to the deall and the did did to the deall and t		
	Do you have reason to believe you may have been exposed to Hepatitis C infection?		YES/NO (delete as appropriate)	
4. He	alth vaccination records			
Pleas	e tick all relevant vaccinat	ion/immunisations received and sh	now dates.	
Vaccination/Immunisation		Date received		
Dipth	eria			
Tetar	nus			
Polio				
Menir	ngitus		шиненина шана в жайшышке танаптана естанда кестединенине здалинение объясные здения изменя поветнова советнова	
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Meas	les			
Mumį	ps			
Rube	lla			
Haen	nophilus			
Influe	nza B			
Hep I	3 initial			
Hep I	3 second			
Hep I	3 third			
Tube	rculosis			
5. Dis	sclaimer and Signature			
	•	nowledge, the information I have g ion on the National Performers Lis	iven is correct. I understand that any false t.	
Signa	Signature: Date:		Date:	