



**University  
of Worcester**

**STAFF HEALTH QUESTIONNAIRE**

**If you require any help, or clarification when completing this form, please contact  
Soma Health Limited on 01905 422808**

JOB TITLE		DEPARTMENT	
-----------	--	------------	--

SURNAME: Dr / Mr / Mrs / Miss / Ms		PREVIOUS SURNAME:	
FORENAMES:			
ADDRESS:			
POST CODE:		HOME TELEPHONE	
		MOBILE	
	MALE / FEMALE	DATE OF BIRTH	
NAME & ADDRESS OF YOUR DOCTOR IN THE UK			
POST CODE:		TELEPHONE NO:	

Please answer all the following questions if full:

**YOUR HEIGHT:** \_\_\_\_\_ **YOUR WEIGHT:** \_\_\_\_\_

	Yes	No.
Are you in good health?		Please give details below
Have you had any periods of absence from place of study or work due to ill health during the past year?		Please give details below
Details:		
<b>Do you suffer, or have you suffered in the past, from any of the following?</b>		
	No	Yes. Please provide details.
Arthritis, backache, sciatica, slipped disc		
Heart trouble, high blood pressure		
Kidney / Bladder problems, urinary infection		
Thyroid problems		
Diabetes		
Epilepsy / Fits		
Eating Disorders e.g. Anorexia, Bulimia		
Mental Health Condition		
Addiction problems e.g. Drugs, Alcohol		
Chest Ailments / asthma, bronchitis, tuberculosis, chest pain		
Ear infection or discharge, deafness or persistent sore throat		
Hayfever or other allergies		

Do you have any known sensitivity or allergy to any chemicals or products that you use at work?		
	<b>No</b>	<b>Yes. Please provide details.</b>
Skin problems / eczema / psoriasis		
Have you any defect of sight		Do you use glasses/contact lenses? YES / NO
Have you any defect of hearing		Do you use a hearing aid? YES / NO
Have you ever been retired, or had employment terminated, on grounds of ill health?		
Have you been diagnosed with Dyslexia / Dyspraxia or a similar condition?		
Have you had ANY OTHER illness, condition, accident, or operations not listed above?		
Do you have any disability or condition that affect your	Standing YES / NO Bending YES / NO Walking YES / NO Balance YES / NO Lifting YES / NO Use of Hands YES / NO Working at Heights YES / NO Using Ladders/Steps YES / NO Driving a Motor Vehicle YES / NO	
If you have answered YES to any of the previous question please give details		
Have you been immunised for Tetanus?	Yes / No / Don't Know	Date of Vaccination if Yes
When did you last consult your doctor and why?	Date:	Details:

For posts in Institute of Health & Society **only** please answer the following questions in full.

		<b>Details, where appropriate</b>
Have you ever been in contact with MRSA	Yes / No / Don't Know	
Have you been screened for, or received treatment for MRSA in the last 6 months	Yes / No / Don't Know	

### **Immunisation and Vaccinations**

*Copies of reports requested below can be obtained from your doctor or last Occupational Health Department*

<b>Have you ever been immunised against the following</b>		<b>Please give approximate dates (if known)</b>
Tuberculosis	Yes / No / Don't Know	Scar / No Scar <i>(to be completed by Occupational Health)</i>
Have you ever had a TB Skin Test e.g. Heaf, Tine or Mantoux	Yes / No / Don't Know	Copy of last test result required
Rubella	Yes / No / Don't Know	Copy of last test result required
If you are applying for a post which involves exposure prone procedures, as determined by the Department of Health 1993, proof of Hepatitis B Immunity will have to be provided (with this form) before health clearance is given.		
Hepatitis B Immunisation or any Boosters	Date of last injection or Booster	Copy of last antibody report required

**The contents of this form are confidential to Soma Health Limited and will not be disclosed to anyone else without your written consent.**

### **All Applicants please complete this section.**

I certify that to the best of my knowledge the information I have given is correct. I understand that any false statements may affect my contract of employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

If further information is required, you may be asked to see or speak to an Occupational Physician or Nurse.

### **When completed please send this form to:**

**Soma Health Limited**, Suite 9A, Malvern Gate, Bromwich Road, Worcester WR2 4BN  
Telephone 01905 422808  
e-mail [enquiries@somahealth.co.uk](mailto:enquiries@somahealth.co.uk)